

ROYAL COMMISSION ON THE  
LAW RELATING TO MENTAL  
ILLNESS AND MENTAL DEFICIENCY

MINUTES OF EVIDENCE

TAKEN IN PRIVATE



LONDON  
HER MAJESTY'S STATIONERY OFFICE  
1957  
THREE SHILLINGS NET

OP63

was not well enough, but my sister-in-law went to "Z" then. When she got there and saw the doctor, who told her that they had certified me, she said, "I do not agree to that—certainly not." She would not agree to it, but they did certify me.

10,003. How often did your mother come to see you?—Regularly until she died.

10,004. When did she die? Before you went out in 1945?—Yes, she died in 1938, and I was discharged in 1947.

10,005. Did your brother come to see you at all?—Yes, my brother and my sister-in-law. She was a constant visitor; I just lived for her visits.

10,006. Did you tell them it was your intention to leave the hospital?—She knew I wanted to come home, yes. But, as I say, just on the spur of the moment I told the nurse in charge; the sister was off duty.

10,007. It was on the spur of the moment you decided to go home?—Yes, and another patient said, "If you cannot go home, come and stay with me"—she has a house at Harrow—but I said, "I do not think I could do that; I want to go home."

10,008. You decided this on the spur of the moment? You had not discussed it with your relatives?—No, and they produced a paper for me to sign. If you have been in a mental hospital all those years and you had to meet all sorts of people, you wonder how you stand it so long without trying to get out. I, as a voluntary patient, wished to go home—I did not say permanently—and I was asked to sign the paper. If I had known that in signing the paper I should be sent, without advice from relatives or hospital doctor, to another hospital for certification I would certainly not have signed. What I am trying to make clear is that the voluntary system is not a safeguard to a patient from certification. I think all treatment should be given without this stigma—because a stigma it is and a drawback to patients when they are able to face the world again.

10,009. Did you discuss it with your ward doctor?—No, he did not see me; I never saw anybody the morning I signed the paper. I was taken over to another ward, one of the Villas. I was on the Block, and I was taken over to one of the Villas and in a few hours I was taken to "Z".

10,010. How often do the doctors go round the wards?—I saw them every afternoon, I think.

10,011. Every day?—I do not know; not every day, no.

10,012. Were there some days when the doctors did not visit the wards?—We would not see them; the sister arranges whether you see the doctor or not.

10,013. It never occurred to you that it might be a good thing to have a chat with the doctor?—After signing the paper I did not see a doctor before I was transferred to "Z".

10,014. This happened within a few hours?—It was a long time ago and I have not concentrated on it, but I do not think I slept another night in "Y" after that. I was taken from the Block to the Villas.

10,015. Suppose they had told you at the time that you were going to be certified, what would you have done?—I would not have agreed to go to "Z" and be certified. I would have said that I would rather stay at "Y".

10,016. Looking back, do you feel now that you were quite well at the time?—I had never been home at all, not since being at "Y".

10,017. Not for a weekend?—No. I think the doctor must have known I was going to be taken to "Z". He should have said, "We do not think you are well enough. How about going home on trial for a weekend?" But that was never suggested.

10,018. Had your brother been asked to take you home for a weekend?—I do not know about my brother. My sister-in-law was the one who would have handled it. But there was nobody at home to be responsible. She was out at work all day; so was my brother. There was nobody at the flat and there were other people in the house. It is a very big business to have anybody at home, though I was never a noisy or difficult patient. I should have been all right at home, but then the doctor said the relatives had to take the responsibility, and if the relatives only see you for an hour a week or a fortnight, they have to go by what they are told.

10,019. Had somebody upset you in hospital before you gave notice?—I did not like the bathing. We were sort of bathed *en bloc*, standing there with practically nothing on while the other patients were being bathed.

10,020. That happened then?—That was the time I was going to have my bath, and I thought, "I cannot endure it any longer."

10,021. It brought things to a head?—Yes.

10,022. You told the sister?—Not the sister, the nurse in charge. The sister was not on duty.

10,023. Did you play up in any way?—No; she just brought my paper and she told me where to sign.

10,024. Were you quite quiet about it or were you a little difficult?—No, I had learnt to go quietly everywhere.

10,025. Tell me, when you got to "Z", what sort of place was that?—I had been used to "Y" a very big open place. In "Z" I was put in a very small ward with one patient who was very bad and a little girl. That is where I spent the time, in that one small little ward. It was not quite the same; I felt very shut in.

10,026. Did the doctors from "Y" visit you at all?—No, I saw nobody from "Y". I had not been to London since before the war. Of course, it was during the bombing. That was another thing; my brother said, "Fancy bringing her to London during the bombing. She was in a safe area at 'Y'."

10,027. Did you brother go to see you at "Z"?—No, he was ill with 'flu.

10,028. He did not come to see you at all?—No, but my sister-in-law came. She was always the one that stood by me, and I think you will find in most mental hospitals it is the women who do the visiting, not the men.

10,029. I expect they do do more visiting than men?—Yes, they do. I do not think men can stand it.

10,030. How do you mean that men cannot stand it?—I think it is a very trying ordeal for people to see their relatives in mental hospitals.

10,031. Were there some bad patients at "Y"?—Yes, there were.

10,032. In your ward?—I met all sorts in all conditions and all classes.

10,033. What about the patients at "Z"?—I thought the lady who was in the bed next to me was a very bad case, and the little girl was a nice little girl. They moved this other patient after a day or two and there were just the little girl and I in there together. We got on very well together. She would not eat unless I was eating, and we would arrange to have eggs for our tea. She was a dear little girl, and I was surprised, when I got back to "Y" after a time to see this little girl brought to "Y". I do not know what she was doing amongst adults, but at any rate she helped to pass my hours at "Z". We used to play ball together, although I was not supposed to be out of bed, but she would stand by my bed and we would play ball and entertain each other.

10,034. Did the doctor at "Z" ask you if you wanted to go back to "Y"?—I told him I wanted to go back home.

10,035. Did he ask you if you were prepared to go back to "Y"?—No, they did not tell me what they were going to do with me, but I guessed things were not very good when my sister-in-law came to see me.

10,036. She came to see you at "Z"?—Yes. She saw the magistrate. He told her what they were going to do with me. She said, "I will never forgive you if you do that to her." They wanted her to agree and sign. But she would not agree; she said, "You do not know her as I do."

10,037. Was she prepared to take you home?—No, she could not very well. They said, "We will not certify her if you take her home", but she said, "If she is as bad as to be certified, how can you say take her home? It does not make sense." Either I was to be certified or to be taken home! She said, "If she is as bad as you say, bad enough to be certified, she cannot be well enough to come home." You have to trust what the doctor says; naturally my brother was going by what the doctor said.

10,038. But in fact you were happier at "Y" than in this place at "Z"? It was more of a home to you?—I had been there so long.

10,039. You felt more homely at "Y"?—Yes, I did.

10,040. You had got to like it?—You do not like a place where you have keys all round you, but I had my occupations there. I was very happy going out in the fruit fields and working on the ward. I did a lot there.

10,041. You went picking fruit?—Yes, I did a full day's work there without a halfpenny, and then when I came out I had to pay my bill for my keep there. I had to pay a bill for £100. I had to pay and I reckon I kept myself there. I did a full day's work, as soon as I was up in the morning, helping patients, getting breakfast, washing up and the usual routine.

10,042. Anyway, you got back to "Y" eventually. Did you go back to the same ward?—No, I went back to the Villas, which I suppose is an observation ward—I did not know. I did not know I had been certified; I did not know that.

10,043. You did not know?—No, and I was on this Villa, and I was quite happy and we could walk out; we had a little more freedom there, and I was sitting on the chair—you know "Y", the Villas, the seats on the side?

10,044. Yes.—I was sitting there and one of the nurses came and said, "Come along. Miss M.,—that is the matron—"wants you to go over to the Block." I said, "I have not seen anybody; the doctor has not told me that." Generally if you are transferred from one ward to another your case paper goes with you. I got used to that, but there was no case paper. I got very upset; I said, "I am not coming." However, it is not much good fighting against the nurse. I never did, I tried to help them all I could, so I went

with her. Then I got on the Block and met some of the nurses I had known before, and I really was badly treated. I was thrown on the bed when I got back on the Block. I was offered a cigarette and I do not smoke . . .

10,045. You were offered a cigarette?—Yes, I said, "No thank you, you know I do not smoke." I was thrown on the bed and I do not think the sheets were clean. I had always looked after "Y" sheets and knew that everybody had a clean bed, and I was terrified, I really was. I had had paraldehyde poured down me, and blackjack poured down me—I did not want to face all that again.

10,046. Anyway you gradually got better did you? Yes, but I think it is very difficult when you are amongst all that all the time. You never go out. I was frightened even if I saw a dog in the grounds. I had never been out anywhere; naturally you are a bit nervous when you see things you have not been accustomed to for years.

10,047. Did you go out on parole?—I used to go out on Saturdays. There is a lot of victimisation in those places. If you have not been doing as the nurse thinks, she says, "You are not going out on parole this afternoon." A lot of that goes on which I think is very unkind to the patient. I am not speaking against the staff; they have a wonderful job to do there if they have got the patience; but if they have not got the patience they should not go in for it. I do think they have a lot of power in their hands.

10,048. You felt you were being victimised?—I think they have a great deal of power in their hands, and the doctor does not know. There are annexes—the toilet place called "The Black and White" at "Y", because they have black and white tiles, and they would lock you down in "The Black and White"—it is a form of punishment. There were sixty patients in most of the big wards. We would have our day room and our dining room, but if we were getting ready to go out and they thought it was not going to be fine, they would lock us in the annexe a whole afternoon—sixty of us. It was really wonderful how we behaved ourselves.

10,049. Why did they put you in a ward like that? It must have been one of their bad wards?—I think I was in nearly every ward in "Y" at different times.

10,050. You must have been fairly bad?—I do not know. I am not saying that I was any better than the other patients—but I tried to help the nurses out. They have no ward maids; the patients do all the drudgery of the wards.

10,051. You were a ward worker? What was your particular job?—I always made the beds, perhaps with another patient. I

saw to all the changing of the linen, the patients' linen, mended their clothes, because most of them had hospital clothes, and I got them ready every week. Then when they were bathed I counted the laundry out to the laundry and counted it in again. There was plenty to do. And I used to spread the bread and butter.

10,052. At the time you went out in 1945, who was your ward doctor?—I cannot remember—he was a tall, dark man but I cannot remember his name. Dr. N. was my doctor for a long time. Do you know Dr. N.?

10,053. No.—He went away and when I eventually got round to the Villas again, towards the end of my time there, he came back again. I said, "How nice to see you back", and he said he was surprised to see me still there. He said, "Come along", and he took me along to the surgery. He said, "Yes, it is about time you got out of here", and he got my case paper down and looked at it. "This is all rubbish"—that is what he said about my case paper—a doctor said that—"It is all rubbish". I do not know what they had been writing on it.

10,054. And he recommended your discharge?—I do not know whether he helped me, he might have spoken for me. There was the under-superintendent—I cannot remember his name—I saw him a lot before I came out; and of course Dr. P. was the Superintendent.

10,055. From time to time, of course, voluntary patients want to go out when they are not fit to go out. You have come across those, have you not, at "Y"?—Yes.

10,056. What should one do with a voluntary patient who wants to go out and is not fit to go out? What ought one to do about it?—I do not think many of them who are not fit really ask to go out. They are not really well enough, not interested enough.

10,057. But sometimes it does happen?—Yes, it does happen. I think if they cannot go home they should be tried in a better ward and kept there. I think there should be a place not behind keys all the time—provided you are well enough.

10,058. But voluntary patients cannot be kept against their wishes.—I think the relatives would know they were not well enough and would not have them, so that is the end of it.

10,059. No, not if the patient insists on going home. They may want to go even if the relatives will not have them. Something has to be done, or they have to be sent to "Z" and certified. If we are to stop this sort of thing happening again, what should be done?—I do not think they should be sent amongst strangers to be certified.

10,060. You think they should be certified as "Y"?—If you have got to certify them.

10,061. You think that is better?—And then I think the certification should be perhaps for six months or a year and then their case brought up again. I do not think it should be certified, finished and done with, because that has been the attitude, has it not? If it is really necessary, but then I cannot see that certification is necessary. If they are not well enough, they are not well enough to go home. It is just the same as if you are in a general hospital and you have anything the matter with you.

10,062. The doctor says you are not well enough and you stay in hospital?—Yes.

10,063. You think the doctors should be given the right to keep you in hospital if you are not well enough, without certification?—Without certification, yes, I do. But then I think the doctor should see a little bit more and know a little bit more of his patient. When we were locked in the annexe perhaps he would be on his round down there in the morning; he generally came down there just before dinner time. Sister would come down and she would choose whom she thought and say, "Yes, you go and see the doctor", instead of his going and seeing them all looked down there being put through terrible misery. Some of the patients were very dirty and nasty, and we were mixed up with all that. That is not going to do anybody any good, but you would not say anything because that would go against you. You would not tell the doctor. That is what is difficult if the patient was sensible enough. You knew it would come back on you, and the relatives would find that out too. I have been visited—my sister-in-law visited me and brought me a few things, and as soon as the keys are on you again I was knocked down by a nurse and some of those things taken away from me. Yet you do not go and complain about that because you have to put up with it, because you have to live with it.

10,064. Supposing a doctor thought the patient was not well enough to go home and the patient did not agree and thought she was well enough. What should happen then?—I think it still rests with the doctor.

10,065. You would still give powers to the doctor?—Yes, I would.

10,066. You have great confidence in the doctors?—In the right sort of doctor, yes. You have got to be very careful if you take up mental health.

10,067. Have you been very well since you left?—Yes.

10,068. What sort of job are you doing?—I am not going to tell you where it is because that is my secret, but I am matron in a girls' boarding school. I have twenty

girls to look after from the age of 11 to 17 years.

10,069. I am sure you look after them very well. You look after their stockings and clothes and everything?—Yes.

10,070. How long holidays do you have?—The school holidays, but I have not always had a job like that. When I first came out that was the problem. What was I going to do to earn my living? Because before I went into hospital I was in a bank for thirteen years, but of course I had learnt a good bit in hospital. I was too old to take up nursing, so I stayed at home for a time and I helped a friend, and I said, "The trouble is I have no reference." I called to see the vicar of the parish church who I had known a long time—he had buried my mother. He knew my position and kindly gave me his visiting card to use for a reference. That I think helped me to build up a good background for my fresh start in the world. I think more outside help from members of religious orders would benefit patients. Then, walking through Gladstone Park—that is near where I have lived all my life, and the children's nurseries were there—I saw these little babies sitting out on these benches and I thought, "That is the work for me, amongst those little ones", so I got a job in the day nursery where I worked for a year. Then my sister died and I thought, "Well, I will go away from London", and I got a job in a school. I was at another school for three years, and I have been at this school for a year.

10,071. You have no trouble in looking after the girls' clothes?—I do more than look after their clothes, I look after their food and everything.

10,072. You look after everything?—Yes. I saw them up this morning at 7 o'clock and off to school.

10,073. 7 o'clock?—I am up every morning at 7 and I have one whole day off in a fortnight.

10,074. It is a great job getting all their clothes together at the end of term?—They help themselves. I see that they have all clean clothes, everything clean to take home.

10,075. (Chairman): Is there anything else you would like to tell the Commission before you go?—Well, I thought you were going to ask me things! I do not know what to tell you. I do hope some good comes out of all this. As I say, we do not want certification, not as we know it at any rate. I know there are a lot of people who are certified who could earn their living in the world, who ought to have their liberty, and have no relatives to take them. That is the big problem, and if they are certified, I think they are sort of finished then.

10,076. Have they many locked wards at "Y"?—Yes, they have.

10,077. You feel happier in a ward that is not locked, do you?—Yes.

10,078. (*Mr. Bartlett*): From the time you signed your notice of intention to leave, how long was it before they removed you to "Z"?—It was not long. I cannot quite remember whether I slept the night in that ward.

10,079. Perhaps you could give some indication. Was it the following day?—It was the following day I think, and I was given a change of clothes and taken over to the Villa. That was in the morning, and the patients in the Villa were having their dinner and I thought what a nice dinner they were having. I thought I was going to stay there, you see. I did not ask them to take me away. It of course made me very happy, going over there; but nurse came and told me, "There is an ambulance going to take you away." I never spent such an awful time in my life as in that ambulance coming to London.

10,080. Nobody tried to persuade you in the interim period about your desire to leave the hospital?—No, I did not see anybody at all—any doctor or sister—I did not see anybody at all.

10,081. (*Mrs. Bradcock*): If you had seen somebody and somebody had tried to persuade you, would you have withdrawn your application to go home?—Yes, I would have done if they had told me what might happen to me.

10,082. You would have said you would have remained voluntarily?—I quite thought they would get in touch with my people at home, and the decision would rest with them whether I should go home. I did not realise what a lot I had taken on in signing my paper.

10,083. You were not actually told what it meant if you signed the paper?—No, I thought I should be going home—perhaps not permanently but I should be going home. That was my idea, of course. I did not realise I should be taken to "Z". I knew my mother had died in "Z"; we had had enough to do with "Z", I did not want to go there.

10,084. (*Dr. Greenwood Wilson*): You talk about the patients who were fit to go home . . .—I think they should have a try.

10,085. Supposing they have no homes to go to. Do you think it would be a good idea if there were some sort of hostel?—Yes.

10,086. With someone like you in charge, say—a good matron?—Yes, I think there should be a place where they can go, only not under lock and key and not nurses in uniform—where they can live a more

homelike life. I had to do a lot of adjusting when I got home into a small flat in London. You have got to give the patient a little bolstering to get him along. Do not keep them tied up all the time. And it is not always advisable, perhaps, to go to relatives, because they know all about you. They know what you were like. I had to go back to neighbours of a good many years and they would say, "I see your sister-in-law is home", and "Yes, she looks well, does she not?" You have got to face that, but then I did not mind that as long as I was well. I could go and spend my own money and do my own shopping, and be a free woman.

10,087. (*Chairman*): There is one question that occurs to me. Would you say that you saw more of the doctors when you were in as a certified patient than in all the years you were a voluntary patient?—No, I do not think so.

10,088. You thought you saw too little of the doctors anyway all the time?—Well, I was not keen on seeing doctors.

10,089. (*Dr. Rees*): I thought you rather liked them?—But I never had a great deal to say to the doctor. I notice the doctor generally asked—it was just after dinner—what we had had for our dinner; I noticed that. I never went off my food, I always enjoyed my food. Of course some patients are difficult, they have to be fed, but I was never one of those. There was the doctor who, when I told him I wanted to go out, said he might stop me. I can remember him saying that, but I cannot remember his name. I was on the Villa then and that rather took me aback. He asked me what my ideals in life were. I said, "I want to get out and be a free woman. That is my aim at the moment and that is what I am concentrating on".

10,090. (*Mr. Bartlett*): During the time you were at the Villa, did any of the patients ever go home at week ends from the Villa?—Yes, from the Villa—yes, the patients went out.

10,091. But you never went?—No.

10,092. Did you ever ask to go?—Yes. I used to say so to my brother and sister-in-law but she said it was very difficult. She had a young son, you see. There was no room at that flat. It meant putting up another bed. The house was not their own; there were other people in the house, and I think she was a little bit nervous. She knew the neighbours had known me, and she was a little bit nervous about me coming home. They hoped "Y" would have done something—sent me to a convalescent home.

10,093. You do not think the hospital would have refused you a weekend at home if they had had the facilities?—No, I do not think Dr. P. would have refused

me a weekend. I cannot think why I was not stopped from going to "Z". I cannot think why he did not suggest it. My brother was very furious about it. He wrote to Dr. P. and asked what he meant by sending me to "Z". He wanted to see Dr. P. but Dr. P. would not see him. He said I was not well enough to go home. My brother said, "That does not mean to say she is as bad as all that, to be certified, just because she was not well enough to come home". I think my brother and sister-in-law would have seen me at "Y" and they would have told me it was not advisable. I was not difficult; I should have abided by what they said. But you see, I was fortunate in having relatives. I really do speak for those who have no relatives that are locked away.

(Chairman): Yes, that is always more difficult. We are very grateful to you, Miss A., for coming along to see us.—I am grateful to you that you really are trying to do something for these people.

10,094. I hope we have not interfered too much with your work, or got you up too early. You said you were up at 7?—That is not very early; some people have to get up earlier than that. No, I am very grateful.

10,095. Is there anything else you would like to say to us?—I do hope some good is coming from this and I am sure my mother and father would be very pleased to know that I am before you today.

(Chairman): Thank you very much.

*(The witness withdrew.)*

*Tuesday, 10th May, 1955*

*Present*

THE RT. HON. THE LORD PERCY OF NEWCASTLE, P.C. (*Chairman*)

THE LADY ADRIAN, J.P.

SIR CECIL OAKES, C.B.E., J.P.

DR. T. P. REES, O.B.E., M.D., D.P.M.

DR. D. H. H. THOMAS, B.Sc., D.P.M.

DR. J. GREENWOOD WILSON, M.D.,

F.R.C.P., D.P.H.

MISS H. M. HEDLEY (*Secretary*)

*Mr. B. called and examined.*

**Memorandum submitted by Mr. B.**

1. In thanking the Commission for their willingness to hear my views, I wish to add that my evidence is based on sixteen years close and continuous study of the subjects under review by the Commission, that my knowledge has been acquired from first-hand experience, by consistently visiting mental hospitals in England, Wales and Scotland, and by long contact with the Ministries in London, Edinburgh, Belfast, Dublin, Washington, Bethesda, Berne, Oslo and Stockholm. I have written a number of books on this subject—which have brought me more than a thousand letters of appreciation; and I have reached the conclusion that my views and my opinions are supported by distinguished scholars, eminent psychiatrists, and by a very large section of the public.

2. Having read the Minutes of Evidence of the first eleven Days, as published by the Stationery Office, I am of the firm opinion that although paraphrasing by the Commission of individual investigations and of individual evidence is, obviously, necessary, it is also an obstacle in the Commission's path, and a means of confusing the issue. I imagine that we are all agreed that paraphrasing amounts to no more and no less than the removal of matter from its context; and we likewise appreciate that anything whatever removed from its context is apt to misrepresent. This is evident throughout the reading of the evidence, and is apparent, for example, on page 311 of the evidence given by the Royal Medico-Psychological Association.

3. It seems to me that some difficulty is caused by confusing law with medicine. Certification pertains to law, as I hope to make clear; and that law and medicine have no comings and goings is surely borne out by the following facts:—

- (1) Whereas law concerns itself with *insanity* and the *insane*, medicine is concerned only with *mental illness*.
- (2) The words *insanity* and *insane* are legal terms, and as such, have no place in medicine.

4. It seems to me perfectly clear that we—who were first in the field with anaesthetics, antiseptics, anti-biotics, and other great advances—must advance also in the field of psychological medicine. Unfortunately, it seems by no means so clear to those concerned that, before we can make this advance, we must first separate the mental illness of medicine from the insanity of the law. I propose, however, to offer to the Commission good and sound suggestions how best this can be accomplished, and how easy of accomplishment it will be.

5. Reading the evidence as a whole, I have the impression that we are losing sight of the trees because of the wood—and consequently the main issue is in danger of being lost sight of. I would like to clarify this; for whilst many witnesses have excused, apologised for, or offered reasons for certification, I wish to offer reasons bred of first-hand experience, why certification should be abolished.



6. I would like to express my views, and to offer evidence to the Commission, under the following headings.

7. Because of the removal of matter from its context, to which I have referred above, I believe that it would be of inestimable value to the Commission, and of great assistance towards the solution of the problem that besets them, if I may first be allowed to make a brief address to the Commission. This seems to me to be of paramount importance; and I ask in the interests of all concerned that I may be permitted to make this address.

#### Absence without leave

8. I would refer to Section 85 of the Lunacy Act, 1890, wherein it is stated that a person who escapes from a mental hospital and remains at large for fourteen days, cannot be retaken. I would point to the criminal aspect of our commitment and detention procedures, here afforded by the use of the word *escapes*; for as I understand it, one escapes from prison, but not from hospital. It is to be seen from this Act that we are still governed and misguided by Acts which were originally formed more than a hundred years ago, and which, in these days of voluntary and temporary patients, still provides for the detention and treatment of *lunatics*.

9. I would remind the Commission that if a criminal escapes from prison, he may be retaken at any time—that his freedom would not be in the best interests of society. Consequently, we must surely wonder why, when a mental patient—dangerous or otherwise—escapes from a mental hospital and evades capture for fourteen days, he cannot be retaken. In the knowledge that our lunatics, like our criminals, are removed from society against their wishes and in the interests of public safety, is there any reason why, on the one hand, the criminal should be retaken and returned to his prison, whilst on the other hand, the escaped lunatic should go free?

10. With a point-blank study of insanity and the insane to support me, I suggest that the potential danger in an escaped maniac or paranoiac is infinitely greater than that presented by the escape of *any* criminal.

#### Certification

11. As a member of the Commission has so wisely stated that certification ought to be our *last*, and not the first resort, it seems to me urgently necessary that we should come to realise and appreciate that our certified patients are certified because of what they once *did*, and not because of what they are doing *now*. It is for this reason that our mental hospitals are today housing thousands of people who have no reason at all to be there, and who ought more rightly to be at home and going about their business.

12. Now, if we agree—as surely we must—that our certified patients have been certified on account of what they have *done*, and not because of what they are doing *now*, it seems to me to be highly important that we do not overlook the fact that no man is so sober, as he who is occasionally otherwise; for my long experience and intensive study of the insane assure me that but few of these unfortunate people are totally and consistently insane. In the greatest number of instances, it will be found that insanity is intermittent, providing but periodic outbursts of abnormal thought and behaviour. Viewed from year to year, it will be found that their periods of sanity far outweigh their periods of insanity; and since this is the case, we are brought face to face with the cruel wrong of certification which—even during these long periods of normality—takes all power and all respect from the patient and the man.

13. In this knowledge, we are forced to agree that certification is not only a crime against humanity and an indictment of the State, but a thorn in the flesh of psychiatry; for since the objective of psychiatry is to treat and to cure the mentally ill, certification—in pre-supposing a hopeless state—at once takes the feet from under the psychiatrist. Moreover, it takes from the sufferer his right to the writ of *habeas corpus*, his signature, his word, and indeed, everything that ever was his—except perhaps, his right to a deed for a lot in the cemetery.

**Eire**—The Mental Treatment Act of 1945—brought into operation 1st January, 1947

14. This Act represents the greatest advance ever made by any country in the world; for it regulates the reception of patients into mental institutions, as *voluntary* patients, *temporary* patients, and *persons of unsound mind*. There is no judicial process whatever under this Act, either before or after reception—the patients being received and detained on medical recommendation or reception order in all cases; so that certification has been utterly abolished in Eire.

#### **Northern Ireland**

15. The Mental Health Act (Northern Ireland), 1948, virtually abolished certification in Northern Ireland, in that a sufferer cannot be certified before admission, nor until he has been a patient for at least six months, and generally, for two years.

16. This Northern Ireland Act, like that of Eire, provides for the forcible removal of sufferers, and with the aid of the police, if necessary; and I wish particularly to draw the Commission's attention to this forcible removal, and with the aid of the police, if necessary; for a knowledge of these Irish Acts, together with a perusal of the evidence so far given to the Commission, lends the impression that the Commission is concerning itself unduly with the so-called "wrongful" detention of persons who, for obvious reasons, will not voluntarily enter a mental hospital. And yet, if only we will reflect, we shall find that the doctor who certifies a sufferer does not for a moment concern himself with the so-called "wrongful" detention that follows his signature; nor do our magistrates and sheriffs consider the so-called "wrongfulness" of the judicial order which removes such a person against his wishes.

17. Obviously, whichever course we adopt, *must* be against the wishes of the person concerned, and therefore, regarded as wrongful. Clearly, then, the Commission stands faced with the question of what should be done when, owing to mental illness, a person is a danger to himself, to his friends, and to society. We must, of course, remove such a person from society; but, since certification is an absurd procedure handed down to us by our unimaginative forefathers; and because it has no rightful place in a civilised community, we must surely do what other countries have already done—amend the law.

18. One gains the impression that the Commission is really unaware that our own National Assistance Act already provides for the forcible removal of the *physically* ill. And since this forcible removal of the physically ill was made possible by a recent law amendment, it seems simple enough to amend the law so as to provide for the forcible removal of the mentally ill; but here, of course, we deal with a theory unreconciled with fact; for we are all aware that today the mentally ill *are* forcibly removed—without regard to the legality of such removal.

#### **Censoring of letters**

19. Put briefly and broadly, the mental health services of the United States provide for the following classes of hospitalization:—

- (1) *Voluntary* hospitalization.
- (2) *Involuntary* hospitalization, by
  - (a) Medical certificate, and
  - (b) Judicial certificate—provision being made in both instances for the forcible removal of sufferers, and with the aid of the police, if necessary.
- (3) *Compulsory* hospitalization—which is, more or less, the equivalent of our own judicial certification.

20. Here again, I draw attention to the provision for forcible removal.

21. Although commitment and admission procedures vary and differ from one State to another, in that they are determined by the individual State Governments, all the States have at least one thing in common—the patient retains all civil rights, including the right to the writ of *habeas corpus*, and the right to post a sealed communication to any person whatsoever.

22. Of course, it is a fact that some patients write very mad letters persistently—often to private persons who can only be worried by them; and it has been said that a young psychotic who, deluded that he was a millionaire, ordered half a dozen

Rolls Royces, which were duly delivered to the asylum where he was. For myself, I know of one who, likewise deluded, ordered up a farm tractor. But surely these are very small things when we realise that 85 per cent. of our patients are merely mentally ill—that the remainder are what the public calls *mad*, what the law terms *insane*, and what I like to regard as persons of unsound mind.

23. It is to be seen, therefore, that the great majority of our mental patients are intelligent people who, although subject to periodic phases of abnormal thought and behaviour, must strongly resent this interference with their private affairs. On the other hand, because the minority group are really the responsibility of the law, rather than of medicine, and because their letters do not make sense, I have no hesitation in saying that their letters should be confiscated. But let us not deceive ourselves by pretending that this censorship is maintained as an aid to diagnosis—lest we find ourselves without a diagnosis of those who never write letters at all. Rather let us come to realise, and quickly, that such unwarranted interference with the rights and private lives of the patients does no more than heap frustration upon the very frustration that has landed them where they are, and which, despite modern methods of treatment, takes our minds to *lunatic asylums*, rather than to modern mental hospitals. I suggest, therefore, that it is better far to eliminate this added frustration, than to concern ourselves with the deluded one who, once in a while, orders up a farm tractor; and I claim from first-hand experience that the risks are by no means incommensurate with the gains resulting. Besides, if the United States can run this risk, cannot we?

24. This aspect of the U.S. Health Services bids us pause to reflect on the crime of interfering with the liberty of those who, owing to their illness, are unable to protest. It is to be appreciated that because of his crime the prisoner forfeits certain civil rights; and it goes without saying that his letters should be censored. I wonder however, by what right we read the private and personal letters of our sick? It seems to me that we read, censor, delay and/or confiscate these letters by the same authority which decrees that a highly dangerous and homicidal lunatic who escapes from a lunatic asylum, and evades capture for fourteen days cannot be retaken. This procedure, like certification, is absurd, negative, and unworthy of us; it is a relic from the past when obviously, imagination was not strong in our law makers. I suggest that the changes made in other countries are merely testimony to the fact that our Lunacy Laws were formed in the days when mental illness was attributed to the effects of the moon, or to possession by evil spirits.

#### The criminal aspect

25. I wish particularly to draw attention to these changes, because it seems to me that *insanity*, rather than *mental illness* is still the basis on which our mentally ill are admitted to hospital. Even voluntary patients are regarded as cases of incipient insanity. And it is because so-called *insanity* at present bears little or no relation to *mental illness* that the attention of the magistrate, physician, family, and patient is, consciously or unconsciously, focussed on this point—with the result that present day procedure takes on the colouring of an accusation, against which the sufferer is required to defend himself. And since it is thus clear that there is a distinct criminal flavour in our commitment procedure; and when we realise that the sufferer from *physical* illness cannot be so accused, and is therefore, freed from the necessity to defend himself, this differentiation becomes so absurd as to border on the incredible.

26. Laws that differentiate between physical and mental illness, and Acts which provide for the detention and treatment of *lunatics*, make time stand still; so that as our minds go back across the interval of a century, *The Snake Pit* seems an ugly reality, and *Social Welfare Services*, a myth.

27. With facts so clear, and theory so obscure, there can be little wonder that our appalling system of certification should give rise to fear in the patient and fear in the relatives; and it is because this Commission is, in itself, but the reflection of an uneasy conscience and a troubled mind that I would suggest that we adopt an improved version of the Irish system, which is so superior to the archaic and obsolete system which still operates in this country. And I wish to assure the Commission—by facts, that by the plan I have in mind, the abolition of certification will in no way disturb the procedure of our mental hospitals' services,

as they stand today; nor—paradoxically enough—will the abolition of certification bring to the sufferer any gain, other than to humanity, civilisation, logic and common-sense; for with its abolition, the sufferer would no longer be *insane*, but mentally ill. It would merely mean that the absurd stigma would be removed from both patient and relatives, the patient would retain his right to the writ of *habeas corpus*—though whether he would be able to avail himself of this right is, of course, another matter. Moreover, in the knowledge that that which is fundamentally wrong, can never be right, we would be putting things right; so that at long last, theory would be reconciled with practice.

28. I wish to offer proof that, despite the published Minutes of Evidence, the certified do *not* bear a grudge against the doctors who sign the certificate. This, from first-hand experience.

#### **Evidence not in accordance with the facts**

29. Certain figures supplied by witnesses are not in accordance with the facts; for though the given figure of 150,000 is reasonably comparable with the *actual* number of mentally ill today, the number of mentally defective is more than double the figure supplied by a witness, accepted by the Commission, and erroneously published by the Stationery Office as a fact. In England and Wales today, there are more than 300,000 certifiable mental defectives; and incidentally, more than 600,000 children of school age are backward to an extent that would require special arrangements for their education. It is to be seen, therefore, that the Commission is concerned with a minimum of 450,000, and NOT with the grand total of 300,000, as has been suggested to, and accepted by the Commission. Indeed, when we take into account the multitude of homosexuals and prostitutes who are beyond the reach of statistics, our figure is in the region of three millions.

30. The Commission has been told that the accommodation for the mentally ill is sufficient; this is not so; and I shall certainly make clear that the accommodation is, in fact, short to an incredible extent. To do so, I should like to state that in the British Isles—excluding Northern Ireland—there are 1,470 hospitals, of which, some 500 are *mental* hospitals. And I would like to add that today, these 500 mental hospitals have some 25,000 more patients than they were designed to accommodate—with the result that many patients have to be housed in corridors, day rooms and recreation rooms, thus affecting the comfort of those most in need, and testifying to the fact that instead of being sufficient, the accommodation is incredibly *insufficient*.

31. It is because an examination of the grand total of beds in all these 1,470 hospitals reveals the fact that MORE THAN ONE OUT OF EVERY TWO beds is occupied by a mentally ill person, that I find myself wondering why, with more than one half of our total sick falling under the heading of mental illness, and the remainder falling under the heading of physical illness, we should so strangely decide to *certify* the illness of one group, but not of the other group. The answer to this question is perhaps forthcoming when we really understand the reason—if any—for certification. We must make clear, therefore, whether we are certifying the person as *insane*, or whether we are certifying an illness. If the former, surely we are guilty of confusing law with medicine. If the latter, the question immediately arises as to why we do not certify physical illness; and the answer, is surely, that we would at once revolt if a person suffering from physical illness were certified, and thus deprived of his right to the writ of *habeas corpus*.

32. A highly responsible witness has stated that 'as far as he knows,' there is no way of getting the figures asked for by Mrs. Braddock, on the First Day. On the contrary, these figures can be obtained with ease and simplicity—so much so, that I myself am prepared to obtain them, if authorised by the Commission to do so.

#### **Law and medicine**

33. With no special wish to dwell upon the few merits of the mental health services of the United States, I would certainly like to say that there, they have progressed so far, in at least one direction, that some States have been able to separate the law from medicine; so the State of Utah, for example, the term *insanity* has been deleted from the law; and in its stead, the words *mental illness* appear.

## Examination of Witness

10,096. (*Chairman*): We are very grateful to you for having taken this long journey to see us, and for your memorandum of evidence. I think I ought to explain, to begin with, that a record is being taken of your evidence, but this is a private meeting and the public are not present.—(*Mr. B.*): I understand that.

10,097. I think you would like to begin by making a statement?—Yes, I would like to make a statement.

Mr. Chairman, as you already know, certain distinguished scholars have publicly declared their keen interest in the proposals I now wish to make. If only for this reason, therefore, I wish to say that because interruptions by comment and question at this stage would certainly invalidate my purpose, I should be grateful if both comment and question may be deferred until the conclusion of this address, which I will begin by placing on record the fact that the entire content of my memorandum, together with the remarks I am now about to make, was privately circulated in book form more than two years ago, and read by a number of people, including the President of the Royal Society of Medicine, and the President of the Royal Medico-Psychological Association. In short, Sir, the theories expounded and the proposals and suggestions now offered in the evidence I am about to give were made known in medical circles and elsewhere more than a year before the Commission commenced its hearings.

Now, ladies and gentlemen, may I say that it seems to me strange that the Board of Control, the Royal Medico-Psychological Association, and other psychiatric bodies should not have questioned the appalling wrongness of Section 85 of the Lunacy Act, 1890. I am astonished to find that, whilst certain witnesses have suggested some slight change in procedure, and an extension of the period during which a patient absent without leave may be re-taken, these witnesses did not observe the absurdity of this Section which permits homicidal, maniac and paranoiacs who escape from a mental hospital and manage to evade capture for 14 days, to go free. I would therefore ask you to keep in mind this particular Section, not only because it clearly reveals the kind of absurdities that smother page after page of our Lunacy Acts, but because it is a fair sample of the rotten found on which the Lunacy Acts repose, to the danger of society and to the detriment of the mentally ill.

I should like you also to bear in mind that, not unnaturally, the witnesses have viewed the various problems facing the Commission quite objectively; whereas, for

sixteen years, I have visited mental hospitals in England, Wales and Scotland, have been a patient in more than one mental hospital, and only recently spent two months in a Scottish mental hospital, where I admitted myself as a voluntary patient solely for the purpose of acquiring first-hand information. For all these years I made a close, continuous and objective study of the problems facing the Commission. Consequently, I have the advantage of being able to regard the matter not only objectively but subjectively. It is, therefore, in front of a background of vivid and grim reality that I offer you my evidence and, although I am aware that this Commission relates only to England and Wales, I think it is highly important we should realise that its findings will ultimately affect Scotland, where the proportion of mentally ill and mentally defective is so infinitely greater. Incidentally, I would assure you that I found the facts so painfully clear and the theory so obscure as to leave in my mind no wonder that our appalling system of certification should give rise to fear in the patient and fear in relatives.

It seems to me certain that those who have read the whole of the published records of the Commission's hearings to date must have found their attention arrested by the one theme which pervades the whole, and which in fact forms both the centrepiece of the evidence and the main issue. The published records make evident to the observer that the problem which is apparent throughout is in danger of remaining unsolved, because the witnesses are uncertain of their statements. This much stands out in relief in the evidence offered by medical witnesses as, for example, on page 46 of the First Day, page 271 of the Eighth Day, and page 493 of the Thirteenth Day, where, owing to the inability of witnesses to express themselves lucidly and decisively, the evidence is dangerously incomplete. The fencing and uncertainty consequent upon their failure to support their statements when challenged by the Commission subscribes nothing towards a solution of the problem. For it seems clear from the terms of reference and from the evidence submitted, that the main problem begins and ends with that raised on the pages to which I refer, the solution of which automatically solves most other problems; and since to be of any real value to the Commission, statements must be irrefutable, I am encouraged to hope that this address may prove of no small value. If, therefore, you would bear with me I will give you a lucid exposition which I believe embodies irrefutable statements and logical reasoning.

There are, I believe, some who would suggest that the certified do not forfeit their right to the writ of *habeas corpus*. From personal experience, however, I can assure such persons that they are under a misapprehension, and since certification thus becomes a national problem, it surely goes without saying that its solution must be likewise; and because our certified patients are victims of an Act which is archaic and should be amended, for more than sixteen years I have advocated its abolition. Throughout these once lean, but now fruitful years, my psychiatrist friends have been pleased to support me and my efforts. "But", they have said, "if a patient will not go voluntarily, how shall we get him to hospital?" This, ladies and gentlemen, is the essence of my evidence, for invariably I have replied that if, for obvious reasons, the sufferer will not go voluntarily, then we must bring him by force, but never must we certify him.

The first hard years of my efforts passed slowly by, and then Eire adopted this plan by forming their Mental Treatment Act of 1945, which was brought into operation on 1st January, 1947. As I have said in my memorandum, this Act represents the greatest advance ever made by any country in the world, for it regulates the reception of patients into mental institutions as voluntary patients, temporary patients, and persons of unsound mind. There is no judicial process whatever under this Act, either before or after admission, the patients being received and detained on medical recommendation or reception order in all cases. So that certification has been utterly abolished in Eire.

Some 20 months later, in August, 1948, the Northern Ireland Government decided to follow the lead given by Eire, by passing their Mental Health Act of 1948, by which certification was virtually abolished, in that a sufferer cannot be certified before admission, nor until he has been a patient for at least six months, and generally for two years. This Northern Ireland Act, like that of Eire, provides for the forcible removal of the sufferer, with the aid of the police if necessary. As my proposals must stand or fall by your acceptance or rejection of my plan of forcible removal, I particularly ask you to note now these provisions in Eire and Northern Ireland for forcible removal; for clearly a knowledge of these Irish Acts, together with a perusal of the evidence so far submitted, lends the impression that the witnesses and the Commission are concerning themselves quite unduly with the so-called wrongful detention of persons who, for obvious reasons, will not voluntarily enter a mental hospital. Yet, if we reflect, we shall find that the doctor who certifies a sufferer does not for a moment consider the wrongful detention that follows his signature, nor

do our magistrates and sheriffs consider the wrongfulness of the judicial order which removes such persons against their wishes.

Is it not obvious, ladies and gentlemen, that whichever course we follow must be against the wishes of the person concerned, and therefore regarded as wrongful? Clearly, then, we are faced with the question of what should be done when, owing to mental illness, a person is a danger to himself, to his friends, or to society. But why we should deceive ourselves by pretending that this simple question presents an involved and complex problem, I simply do not know. We must, of course, remove such a person from society; but since certification is an absurd procedure handed down to us by our unimaginative forefathers, and because it has no rightful place in a civilised community, we must surely do what other countries have already done—amend the law. I point not only to the Irish and American systems, but to that of Norway, whose mental health services, like those of Eire, include the category "persons of unsound mind", and whose Government today is also holding a Royal Commission on Mental Illness and Mental Deficiency. I wish, therefore, to urge the Commission to adopt a plan which is so obviously and so immensely superior to the archaic and obsolete system which still operates in this country.

Before outlining the system I have in mind, however, I would suggest to you that the changes that are taking place in other countries make evident that certification is absurd, negative, and unworthy of a civilised people, that it is but a relic from the past when obviously imagination was not strong in our law makers. These changes are merely testimony to the fact that our Lunacy Acts were formed in the days when mental illness was attributed to the effects of the moon, or to possession by evil spirits, in the days when, suffering the fear that ignorance breeds, burdened by delusions no less real than those of the insane, and fearing the mad and what the mad might do, our law makers certified and incarcerated the mentally ill. Consequently, the existing Lunacy Acts do in themselves, whatever we pretend to the contrary, manifestly make lunatics of our sick, and the looney bin a reality.

However, it seems to me that rather than deride the law makers of old it would be wiser and certainly more profitable to consider the mentality of those of today who, although conscious of the fact that more than one half of our total sick are mentally ill, and although aware that the life-saving properties of penicillin required for its production the expenditure of millions of pounds, lack the imagination to observe that a like expenditure on organised psychiatric research would confer equivalent benefits on our mentally ill.

In my memorandum of evidence I have reminded you that our so-called lunatics, together with our criminals, are removed from society not only against their wishes but in the public interest. I would remind you also that, because his freedom would not be in the best interests of society, the escaped prisoner may be re-taken at any time and returned to his prison. I therefore again point to the incongruity of Section 85 which, notwithstanding the foregoing, provides for the absolute freedom of any dangerous homicidal, any maniac, or any paranoiac who escapes from a mental hospital and manages to evade capture for 14 days. It is because I am here in the interests of the public no less than those of the mentally ill that I deem it not only necessary, but extremely important, that I should now ask whether the public is expected to accept this supreme absurdity as logical reasoning on the part of our law makers, and to suggest that if the Commission agree as to its perverseness, the Commission will urgently recommend the deletion of Section 85 from the law.

Here, therefore, let me again state, with all possible emphasis, that certain witnesses have suggested some slight change in procedure and an extension of the period during which a patient, absent without leave, may be re-taken, when surely, as I have already pointed out, and as we must all agree, what is needed here is obviously not modification but abolition. It is therefore of the utmost importance to keep in mind now that it is these very same witnesses who suggest a modification of certification procedure whereas it is so evident that not modification but abolition is called for.

10,098. I am not quite sure I understand you. Are you suggesting the abolition of Section 85?—Entirely.

10,099. So that if a patient escapes there will be no power to retake him at all?—There will be all the power in the world to retake him. Today there is no power in the country whatever to retake a person who evades capture for fourteen days.

10,100. I wanted to get your recommendation clear. Your recommendation is that any person under lawful detention in a mental hospital shall be liable to arrest and removal to that hospital if he escapes, at any time?—Yes, at any time; whereas now he can never be retaken by the law if he evades capture for 14 days.

I would like also, in passing, to draw attention to the criminal aspect of our commitment procedure, because it seems to me that insanity, rather than mental illness, is still the basis on which our mentally ill are admitted to hospital. Even voluntary patients are slyly regarded as cases of incipient insanity. I have been one, so I know. It is because so-called insanity

bears little or no relation to mental illness, that the attention of the magistrate, physician, family and patient is focused on this point, with the result that present-day procedure takes on the colouring of an accusation against which the sufferer is required to defend himself. Since it is thus clear that there is a distinct criminal flavour in our commitment procedure, and when we realise that the sufferer from physical illness cannot be so accused, and is, therefore, freed from the necessity to defend himself, this differentiation becomes so absurd as to border on the incredible. Compared with these facts, ladies and gentlemen, simple legislation is indeed a puny thing.

My books, which are still to be had in public libraries, reveal that long ago I advocated that in the first instance all patients should be admitted to observation wards not connected with mental hospitals; and now, ten years later, a number of witnesses are suggesting the adoption of this procedure; so permit me, please, to make just three further statements, which are not only irrefutable but disgraceful and forbidding monuments to our lack of imagination and to our lack of enterprise.

Let me then remind you that with leucotomy in full swing in the United States, we allowed seven long years to elapse before adopting its practice in this country; that more than ten years ago, mainly as a result of my own efforts, Eire adopted the general principles of my plan; and that more than five years ago, mainly as a result of my own efforts, Northern Ireland adopted the main points of my plan. Yet here are we today, years behind the times, with witnesses pretending to have hit upon an original idea, and during to suggest a modification of certification procedure—a tribute, maybe, to my earlier efforts, but certainly not to our spirit of enterprise.

However, since it is clear that many of our difficulties arise from certain absurdities in the Acts, it is surely the more important for us to realise fully that, because these absurdities really do exist, the present unsatisfactory state can be attributed solely to lack of imagination and enterprise. Clearly then, the time has come for us to realise that we are living in an age of electronics, in an age of guided missiles, and in an age when it becomes more and more essential for us to make use of our imagination. We must realise today that laws that differentiate between mental and physical illness, together with Acts which provide for the detention and treatment of lunatics, belong to a bygone age. Moreover it is, I am sure, perfectly clear that we, who were first in the field with anaesthetics, antiseptics, anti-biotics and other great advances must advance also in the field of psychological medicine. I am not so sure, however, that it is equally

clear that before we can make this advance we must first separate the insanity of the law from the mental illness of medicine, which can only be accomplished by abolishing certification.

You all know how it is when here and there throughout the generations reformers appear in our midst. We see them as corks bobbing on the ocean, and then we see them no more; and since Royal Commissions are likewise seen and then lost to sight, you will I am sure forgive me if here I presume so far as to remind you that on more than one occasion the medical press has been pleased to state that I, personally, have rendered service to the cause of progress in the field of psychological medicine. I would like to suggest, therefore, that this seems to me to be your opportunity to do likewise, by giving special consideration now to my proposals, which embody all that is best in both the Irish and the American systems, which make for simplification, which are watertight and foolproof and which are highly commended by a number of individuals outstanding in our national life, including Mr. Walter Elliot, Lord Boyd Orr and other distinguished scholars.

Ladies and gentlemen, having given sixteen years of my life to the study of this neglected problem, and having lived face to face with the mad, I ask you now to let history record you as the Percy Commission who had the imagination, and the courage, not to modify certification but to abolish it—also for the cause of progress in the field of psychological medicine.

My proposals are, then, that we should abolish both the temporary and the certified categories. Although it has occurred to me that the term "persons of unsound mind" might be used to substitute one of these, on reflection, and because it can rightly be assumed that all mental patients are persons of unsound mind, I deem it inadvisable to make use of the term. I therefore suggest the following categories:—

- (1) Voluntary patients;
- (2) Involuntary patients;
- (3) Compulsory patients;

for this, in fact, is what the categories imply.

I would suggest the following procedure be adopted:—

- (1) Voluntary patients.

No material change in the existing procedure.

- (2) Involuntary patients.

When a person is thought to be in need of care and treatment in a mental hospital, whether in his own interests or otherwise, and assuming that such a person declines voluntarily to enter a mental hospital, medical men should be able to testify to the fact of the illness, so that the sufferer

may then be forcibly removed to hospital and with the aid of the police if necessary. I suggest this procedure, because, owing to the impairment of reasoning power, and because of the error of judgment wrought by mental illness, the sufferer is not in a position to judge for himself the best course to adopt.

- (3) Compulsory patients.

Because the adoption of these proposals would dispense with certification, I would suggest that in more serious cases, paranoid for example; in grave and chronic cases, including senile dementia; and in all cases at present liable to certification under any Section of the Acts whatever, medical men should be able to testify to the fact of the illness, or legal men should be able to testify to the need for removal of such a person from society, whether in that person's interests or otherwise. Such a person should then be forcibly removed to hospital on the lines indicated for the involuntary patient and committed as a compulsory patient.

At this point, ladies and gentlemen, it seems to me necessary to remind you that, on the second day of your hearings a witness made the following observation: "It may be possible in other countries, I believe it is so in Northern Ireland, but I cannot imagine that in England you would ever be able to deprive a person of his liberty, which is what it boils down to, without legal authority". I am sure we are all agreed that a little knowledge, no less than a little learning, can be highly dangerous; and this unfortunate observation suggests that the witness is divorced from the subject, for even the slightest knowledge of the facts reveals that, not only in Northern Ireland but in Eire too, this so-called deprivation of liberty is effected wholly and solely by legal authority. It is in fact effected by the very authority which I am now asking you to recommend be brought into being, and which, as I have stated in my memorandum of evidence, already exists in so far as the physically ill are concerned, under the provisions of the National Assistance Act. Incidentally, that witness and yourselves might do well in certain circumstances to consider whence the authority for certification—for on this point the issue rests. Referring to that subject, which weighs so heavily on our magistrates' shoulders and on the public conscience, and which concerns those who are certified for their own good or for the good of the community; and speaking from first-hand experience, I believe you will find it interesting to note that the majority of the sufferers in such cases are persons who suffer from what might best be termed episodic insanity; that is, their constitution is such that the effects of alcohol, worry, excitement, frustration and the like produce in them an upset of fleeting duration, with unfortunately, longer consequences.



Therefore, if only because certification deprives the individual of more civil rights than does a life sentence of imprisonment, it certainly cannot be held to be the remedy in such cases; and incidentally it is solely because certification does deprive the sufferer of more civil rights than does a life sentence of imprisonment that I advocate its abolition. It is for the same reason that I propose that such persons should be committed as compulsory patients; and I might add that eminent psychiatrists are unanimously agreed that they would be delighted to be able to treat patients merely on their need for treatment, and without the legal disabilities to which I refer.

I have stated that certification is absurd and negative. I have used the expressions "logical reasoning" and "irrefutable statements" remarks that may have been deemed presumptuous, if not arrogant. Let me, therefore, at once dispose of any such error by telling you that in the British Isles, excluding Northern Ireland, there are 1,470 hospitals, of which some 500 are mental hospitals, that an examination of the grand total of beds in all these 1,470 hospitals reveals the fact that more, much more, than one out of every two beds is occupied by a mentally ill person. Therefore, it is surely not unnatural for us to wonder why it is that with more than one-half of our total sick mentally ill, and the remainder physically ill, we should so strangely decide to certify the illness of one group, but not of the other group. The answer is forthcoming as soon as we understand the reason, if any, for certification. We must make clear, therefore, whether we are certifying the person as insane, or whether we are certifying an illness. If the former, we are guilty of confusing law with medicine. If the latter, the question immediately arises as to why we do not certify physical illness. The answer is surely, that we would at once revolt if a person suffering from physical illness was certified and thus deprived of his right to the writ of *habeas corpus*.

Ladies and gentlemen, by recommending the total abolition of certification, you automatically dispose of 90 per cent. of your problems. You dispose of practically all the problems raised on the Seventeenth Day by the Society of Medical Officers. You relieve yourselves not only of some unenviable responsibilities, but of the need to consider questions relating to problems which otherwise are insoluble; and perhaps for this reason I should particularly draw your attention to the somewhat strange fact that even though certification were abolished, in practice, the gain to the patient would be nil; for it is to be seen that our mental hospitals' procedure would continue along the lines it follows today. The gain, however, is much more real than apparent, for it is, I trust, clear to you all that my

proposals imply very much more than the mere abolition of certification, and its objectionable accompaniments. The acceptance of these proposals would mean that never again would the sufferer from mental illness forfeit more rights, more civil rights, than are forfeited by a life sentence of imprisonment for murder. It would mean that never again because of his misfortune, would he forfeit his right to the writ of *habeas corpus*, though whether or not he would always be in a fit state to avail himself of this right is, of course, another matter and one that does not concern us here. The only thing forfeit would be his liberty for the time being. In short, and expressed as a simple equation, my proposal is that compulsory patient equals certified patient minus automatic forfeiture of civil rights. The operative word being "automatic".

Ladies and gentlemen, in commending to you these proposals I commend also humanity, logic and commonsense. Thank you, Sir.

10,101. I believe you have a poor idea of the utility of examination by the Commission and therefore I do not want to bother you with many questions.—I hope you will.

10,102. I think, from your statement, that the fact of a magistrate's order is the meaning you attach to the word "certification", is it not?—Yes.

10,103. You believe that it is the magistrate's reception order which deprives a person of other civil rights, as well as liberty?—Yes.

10,104. Are you sure of that proposition?—I am quite sure. I might give it to you like this. Let me suggest in very simple language that there are two kinds of certification. The first takes place when mental illness is apparent not only to medical men but to laymen also; in this case two medical certificates are furnished, with the result that legal authority is sought and obtained for the individual concerned to be certified and committed to a mental hospital. The second kind occurs when legal authority encounters an individual whose apparent abnormal behaviour cannot be so easily related to mental illness; legal authority, however, deeming such abnormal behaviour to be psychopathic, anti-social or not in the best interests of society, relieves itself of the responsibility by calling on two and sometimes more than two medical men to agree with its opinion; this results in the individual being certified and committed to a mental hospital. Obviously the second kind is merely the first in reverse. I must confess, however, that after considering this problem for sixteen years I am quite unable to suggest an alternative to either procedure other than what I have already mentioned. I do, however, most

strongly suggest that certification, as such, as it now stands, should be abolished and substituted by compulsory commitment, and I think the important thing to note is that although in practice the gain to the sufferer would be nil, in actual fact, as I have said, the gain would be more real than apparent. It would be tremendous, if only because the sufferer would not automatically, and for the reason of certification alone, forfeit his rights.

10,105. But that is my point. He does not forfeit his rights by reason of certification alone. I think if you examine the state of the law, in England anyway, you will find that that is quite a mistake, that the deprivation of civil rights results very largely from principles of common law which would need statutory amendment in order to change them.—Exactly, that is what I am suggesting would be a very good plan, to make the amendment, as other countries have already done.

10,106. It does not depend upon certification.—Let me put it this way, Sir. If a person goes voluntarily he is not certified; if he goes temporarily in England and Wales he is not certified.

10,107. But have you considered the fact that it is highly probable that a voluntary patient who has been in a mental hospital for some time would not be allowed by the registration officer to vote, on the principles of common law?—I realise that. But nevertheless, if the person had not been brought to the law, before the magistrate, where you are now involving law with medicine, he could not have been certified. Is he certified as mentally ill, or is he certified as insane? That is the thing. Insanity is a legal term and has no place in medicine; it is never used in medicine.

10,108. The only point of my question was that deprivation of civil rights does not depend upon certification, as I understand it, in this country.—It does, as far as my experience goes.

10,109. I think it is rather more complicated than that.—Could you explain how I am not right in saying that certification deprives the sufferer of his civil liberties? It is purely, wholly and solely certification that does it. If the patient is a voluntary patient or a temporary patient or a physically ill patient, he would not forfeit his rights, but because he is certified by the law, as I have just explained, then the law comes in, and because he is certified—we do not know whether he is certified as mentally ill or is certified as insane—because of that, automatically he forfeits his civil rights.

10,110. I do not want to enter into a legal argument, but I suggest you might examine the state of the law in relation to

deprivation of civil liberties.—Do you not think that Norway and Eire and Northern Ireland have already encountered this problem and have already examined their law and amended it very successfully?

10,111. The English common law is something which is not comparable with the law of any European country.—It is comparable with Scotland, and it is comparable with Ireland. After all, Eire was once part of our country, and Scotland still is, and the law is surely comparable between both countries. They differ, but they are quite comparable; and I see no reason on earth why we cannot do what other countries have already done, amend the law. It has already been done with regard to Section 47 of the National Assistance Act.

10,112. There is another question I would like to ask. I am not arguing whether we should do this thing or not, but are you not exaggerating the beneficent consequences of doing it?—I am not exaggerating, because I know from first-hand experience. I have suffered this myself.

10,113. But on this point of the deprivation of civil liberties, I think you are possibly exaggerating the effect of the abolition of certification?—Yes, but I must deal with the thing as it would happen normally or in theory. As I say, whether or not the patient would always be in a fit state to avail himself of his right of *habeas corpus* is another thing, but nevertheless without certification, he would not automatically forfeit these rights, whereas with certification he does.

10,114. No; I do not think a certified person forfeits his right to apply for a writ of *habeas corpus*.—I would like to have evidence to see whether he has not forfeited it. I have forfeited mine. As a highly intelligent, sane person, nevertheless certified, I forfeited my right to the writ of *habeas corpus*; hence I speak from experience.

10,115. (Dr. Rees): For how long were you certified?—For 365 days; and then, I asked to be allowed to stay on for another ten days, to complete my study of one of the patients. I was so sane on admission to hospital, that the Medical Superintendent, who was a friend of mine, more or less gave me the key. It was clear that I had been put there on account of the war; and as he could do nothing for me, he asked me to behave myself and not to let him down. I travelled far from the asylum, stayed in hotels, had my own cheque book, and ran my business successfully from the asylum. I was what is termed "in on a warrant", so the Superintendent could not release me. I had my own room, my own radio and my typewriter with which I wrote books on the subject, which were later published.

10,116. (*Sir Cecil Oakes*): Why did you think you forfeited your right to *habeas corpus*?—Because I made various efforts to use it, but was unable to do so.

10,117. (*Chairman*): There is no *habeas corpus* in Scotland is there?—I do not know, I am not a lawyer. As I say here, I am not a lawyer, but I believe, however, that certain members of this Commission are. They will therefore agree that there are only two methods by which the individual—possibly you do not agree now, but I will go on—there are only two methods by which the individual can be deprived of his right to the writ of *habeas corpus*, and I think you will find that he is deprived of his right by what follows; and since it seems to me that the greatest obstacle in the path of progress is the interference of the law, it might prove of some interest to consider these two methods, one by certification, as I hope to prove, the other by passing an Act, such as Regulation 18B under the Defence of the Realm Act, which was passed for no other purpose in the world whatever than to deprive a person of his right to the writ of *habeas corpus*. Whilst I may say that I am entirely in favour of Regulation 18B if and when necessary, I must add that I am strongly opposed to certification. You probably have already noticed this.

The fact that certification deprives the individual of his right to the writ of *habeas corpus* brings me to a point raised by a member of the Commission concerning legal aid. We go on to another thing there, but anyway that is another aspect of it. The answer should surely come easily and with certainty, for a clearer understanding of this point might well enlist public support and win public favour. Obviously legal aid should be the first essential throughout, and more so when the question of certification arises. It should not be possible for a person to be certified unless that person is accompanied and represented by an independent lawyer. As soon as legal aid becomes an established fact, many of these snags will vanish from the system, and the public will at last cease to run in fear from the bogey of mental illness.

Apart from certification, legal representation should be available at all times and to all patients. Invariably a solicitor studies his client's interests, if only because he is paid to do so, so that whilst no solicitor would recommend the discharge of a patient obviously in need of detention, he would likewise be against the detention of those who ought to be free. Just as certification inspires fear in the patient and fear in the relatives, so will legal aid dispense with those fears. We are, in fact, travelling in a circle which invariably brings us back to our starting point, *habeas corpus*.

The state of things today can do no more than lend the impression that we are trying to hide something of which we are ashamed, whereas if legal aid were a fact, fear and suspicion would vanish, and public opinion would undergo a remarkable change. Obviously, then, if legal aid could thus win public favour and consequently public support, its importance cannot be exaggerated. Legal aid would automatically solve many difficult problems before the Commission, including those raised in paragraph 41 and question 1636, for example.

But to come back to your question, I had a friend; he was a Wing-Commander, Commanding Officer of a unit. One day, when he and I had had a few drinks—when the wine is in, the wit is out—I showed him a letter-card which I had in my pocket; an ordinary post-office letter-card which I had received the day before from Brighton. I said to this fellow, rather stupidly, as one does when one has had more drink than is wise, "What do you think of that?" He read it, and said—well, I can hardly tell you here what he said, but at any rate it was to the effect that he would like a copy of it. I said, "Make as many copies as you like." He took it to his Orderly Room the next day, and had copies made. I imagined that he would have these copies made at the Air Force Station for his own interest, and then return it to me; so naturally, I went to him in the evening and said "Did you get your copies all right?" And "May I have the letter-card back? I have not really read it, much less answered it." He said something else which I will not repeat here; but he told me no, I could not get it back—not so-and-so likely. So I told him not to be a fool, that I would come back tomorrow, that if he did not then give me the card, I would have to take it by law. He was a Commanding Officer, very important—a terribly important man in days of war, more so because the war was in our own country; he had great powers. When I went to him next day, and said "Is it all right now—let me have that card", he would not give it to me—he was quite adamant. I said "I'm sorry, I never thought you were such a fool; I will have to get it back from you". I got a solicitor, and summoned the C.O. to Court, to Forfar County Court—for the return of my property, one letter-card privately written to me by my son-in-law's father in law.

So the case went on—and the war went on, too; that was 1941. Two or three weeks went by waiting for the case to appear in Court. Then the Procurator Fiscal of the county told my solicitor, "You had better get your client to withdraw; there is a war on; and you cannot really do a thing like this; it is not in the interests

of the public for a person to sue a Commanding Officer when the country is in a state of emergency. On the very contents of this letter-card the matter would have to be aired in Court. Tell your client to withdraw. If he does not, I'm afraid the Crown will intervene." I thought I was a frightfully clever fellow, that nobody could point a finger at me. I had done nothing wrong in my life, and was afraid of no man. The Crown will intervene, indeed!

Then, one day, when I was snoozing before the fire after lunch, there was a knock at the door and the local constable was there. He said, "Good afternoon, this is Detective Inspector Green." I said, "How do you do, Mr. Green." But the detective said, "I have a warrant for your arrest!" I can only hope you will never experience the feeling when somebody says that kind of thing to you. I said, "Indeed—what for?" Then he proceeded with the usual thing—"I must caution you that anything you say may be used as evidence against you." Then he read out that whereas I did, on the fifth day of the month, attempt to shoot this fellow—attempt to shoot some other fellow, and so on. I said, "Just a moment, will you tell me where I got the revolver and the ammunition—and where it is now?"

To cut a long story short, he said, "You must come with me." I went with him to Forfar, to wonder how this thing compares with *habeas corpus*. At Forfar Court I was thrown into a prison cell. I said to the fellow in charge, an Inspector, "I would like to see my lawyer, and to get another lawyer." He told me that I could not do that, and I told him that he was wrong. However, in due time—after ten days in that place, when I was probably as sane as I am now, I was called from my cell and taken to the Office. The fellow who was there asked me had I been drinking a lot of whisky. About two or three days later, this procedure was repeated, and I appeared before another fellow, nearly dead himself, and about 98 years of age, with one foot in the grave, and yet daring to sign away another man's life! "What have you been doing?" he wheezed—"it is shocking—do not go away;" and he then brought in yet another fellow; and so they signed their certificate. That's how I was certified. I then asked for three independent medical examiners—preferably three holding the diploma in psychological medicine, to come and examine me. I would pay their expenses and costs to come to me from Edinburgh or Glasgow. But no—I could not do that; the Crown, they said, would supply the doctors; and so it did! How does this agree with the writ of *habeas corpus*?

Later, I was required to give evidence at a Court-Martial—that was after I had left the mental hospital where, as I have

said, I volunteered to stay on for a further ten days to continue my studies. My friend the Superintendent was astonished, but nevertheless allowed me to stay on. It was the "X" Mental Hospital. I now had occasion to go to Stafford to the Court-Martial—a big Court-Martial at the R.A.F. I put it to you now, with regard to *habeas corpus*, and I suggest to you, as I have so often before suggested, that once a criminal, always a criminal; and likewise, once a lunatic, always a lunatic; but we shall see; for I went there as a most important witness for the defence; there were about 217 other witnesses at this big Court-Martial, at Stafford. I went down, to find the prosecuting counsel, charming fellow, sitting there with a couple of typists, who typed the evidence, instead of taking it in shorthand. "Tell me, Mr. B.," said the prosecuting counsel—"where were you last year?" This was 1942; and I had left the asylum in April of that year, had travelled down to the Isle of Wight to take a holiday, but had been called to Stafford for this Court-Martial. "Tell me, Mr. B., where were you last year?" "In hospital," I told him. "What kind of hospital was it?" he asked. "A mental hospital," I replied. "I see, you were in a mental hospital from April, 1941, to April, 1942. I see . . ."

Maybe, you can see, too. What was the use of my evidence, whether it was in his favour, or not? Once a lunatic, always a lunatic; so that although I was entitled to the writ of *habeas corpus*, of what use was it to me then? "Yes; let me see—you have just left a mental hospital; so what is the use of your evidence, since you cannot know what you are talking about." This is what one is up against.

I cannot answer your question, Sir, any better than that; but what I would like you to do for me is to give me an instance where a certified patient has ever availed himself of his right to the writ of *habeas corpus*, and I will believe you. I do not think you can give me any instance; for I have tried for the last nine months all over the British Isles to find someone to give me an instance—legal men and medical men, as to when and where a certified patient has ever availed himself, or been called upon to avail himself, of his right to the writ of *habeas corpus*. I have found none, and I shall be very interested and very delighted if anybody here can give me an instance. If you cannot, I repeat that the certified lunatic forfeits his right to a writ of *habeas corpus*.

10,118. Thank you. Now I think our next witness is waiting. We are very grateful to you.—Surely when your Commission have been sitting so long you would not be short of time to hear an important witness with so much to say? It is very embarrassing for me, after coming all this way, and after having spent sixteen years

on this job, if you cut me off in the middle of my evidence. Surely you can hear what I have to say? There are many very important things I have touched on in my memorandum and which have not been mentioned to me. What is the use of my submitting a memorandum, with thirty-three paragraphs, when I am not asked a question?

10,119. You were very anxious, when we corresponded together, that you should give your evidence in the form of a statement.—My memorandum says I would like to express my views. Surely that is very clear to every member of the Commission. Judging by the published report every witness who has appeared here has been asked questions on his memorandum. How can I give evidence if I am not asked these questions?

(Chairman): Does any member of the Commission wish to ask the witness any further questions?

10,120. I do not think we have got any questions to ask on your memorandum. Your views are quite clear.—I have not been able to explain my views. I have not been asked to do so. It seems extraordinary that I should come here after all these years to give my helpful advice to the Commission and then be asked to get out.

For example, here is one thing in the evidence recently. The Commission asked a witness, or a group of witnesses who should know, "Will you please define to me social stigma." There was no answer forthcoming. I come here to suggest to you that I would like, therefore, to refer to the evidence of the Seventh Day where, on page 250, Question 1479, a member of the Commission asked certain witnesses to define the social stigma attached to mental hospital patients. This social stigma has been referred to on and off throughout the Commission's hearings, and perhaps particularly during the discussions concerning elderly persons suffering from senility who have been certified allegedly for the purpose of getting them out of the way; and, as the witnesses failed to give an answer to the satisfaction of the Commission, I would like now to answer that member's question with the statement that stigma owes its existence, not to the type of hospital building, whether primitive or modern, nor to living with the so-called mad, but solely to certification. As I have already made clear, certification has a frightful and indeed dreadful reaction on both the patient and society; hence the widespread public desire for its abolition. The reason for this reaction is at once obvious when we realise that mental illness pertains to medicine, that insanity is a legal term and, as such, has no place in medicine. Consequently this is where the stigma comes in. Consequently when a person is certified

he is certified as insane and never as mentally ill; for, after all, as I have already said, since we do not certify physical illness there is no reason at all why we should certify mental illness. If we keep in mind then that illness, in itself, whether mental or physical, carries no stigma, we shall surely reach the fact that it is entirely the insanity of the law that produces the stigma; for certification leaves the impression that the person certified as insane is incarcerated in a lunatic asylum, there to live with the so-called mad; whereas if the same individual were regarded as mentally ill, and not as insane, he would not be certified, but compulsorily removed, not to a lunatic asylum but to a mental hospital. It is to be seen, therefore, that not buildings nor persons but solely certification causes the social stigma, and it is of the utmost importance to note that this very stigma, in turn, produces the bogey of mental illness which scares both the patient and the public. More important still is the fact that whereas nothing but shame, disgrace and degradation can come from certification, by its abolition we banish not only the social stigma but the giant bogey that lives because of it. We do more, for the abolition of certification will at once win public favour. That is the answer to the social stigma.

In my memorandum there are a lot of very important questions, very important to the public, such as the evidence which is not by any means in accordance with the facts. I come here a thousand miles, I have journeyed over a thousand miles, to give the results of my work over the last sixteen years, and I am not asked by the Commission to give evidence. There are very, very important statements in my memorandum. If there is not time today, surely another day can be arranged for it.

10,121. I think we must have the other witness here now. If you would like to wait until the other witness has been heard—it will not take very long—and then if you would like to come back and add anything else, we shall be very pleased.—Yes, I would; thank you very much.

(The proceedings were adjourned for a short time.)

On resumption.

10,122. (Chairman): Is there something more you would like to say, Mr. B.?—I just wanted to say that all the witnesses have submitted a memorandum of evidence and you have told me I should do likewise before I could come here. I notice, and I think you will agree with me, that all these witnesses who have submitted memoranda have been questioned, according to the published records anyway, on all the sections of their memorandum. I therefore ask to be treated merely in the same manner as the other witnesses.

10,123. (*Dr. Rees*): You quite realise, Mr. B., that we have not seen all the people, and do not intend to ask to see all the people, who have submitted memoranda?—I am referring to those you have seen. What I am saying is that the Commission has been in existence for a long time now and it has been set up at considerable cost to the country, a part of which I bear. It seems then, rather strange that I—probably the only man in the country who has made a life study of the subject—when I come here find the Commission has five members absent, that it is three o'clock in the afternoon, and it is rather urgent you should get it over because another witness is due to appear at four. Therefore, instead of being questioned, not only on the sections of my memorandum, but on the proposals made in my address, you wish to call it a day, as it were. I would like to say that it seems to me obvious that it is not at all possible for the Commission now at this time of day to go into the memorandum to be of any value—it is no use chattering over it to get any benefit from it; it seems to me too late in the day to go over my address and proposals. I would like to give you this. It is the fly leaf of a book.

*The witness handed in the following:*

"OUR CRAZY LUNACY LAWS.

An Indictment of The State by H. G. Woodley.

'This lucid and most interesting evidence seems to me to be common-sense which, if accepted by the Royal Commission, will remove a needless stigma.'

Lord Boyd Orr.

'Interesting in the extreme, this evidence cannot be too much examined, or too much talked about.'

Rt. Hon. Mr. Walter Elliot."

If, therefore, a distinguished scholar and a former Minister of Health, Mr. Walter Elliot, states publicly on a book being published about this Commission that this evidence "is interesting in the extreme", it cannot be too closely examined or too much talked about. Here do I come a thousand miles, having spent a lifetime on the subject and am told, "Thank you very much. That is all today". What have I done? What good have I done the Commission? If you have the time to go over my memorandum and to question me and examine the proposals made in the address, I think it would be of tremendous value to the mentally ill and to the general public, but it is quite obvious that could not be done today, not now. Therefore, I shall be very glad indeed if you will be good enough to suggest another date to continue

this hearing which would suit the Commission. Perhaps then all its members could be here.

10,124. (*Chairman*): I have always tried to avoid, though it is very difficult to do so sometimes, arguing with witnesses. I wish to ascertain what their mind is and what their proposals are. Your memorandum, together with the statement you have made at some length, I think makes it quite clear what your proposals are and what your general attitude is to the whole problem. I do not think that any questions are needed to clarify what you say, and I do not want to begin entering into an argument about any points that I may not entirely agree with.—I do not think argument arises: I think it purely a case of examination and question.

10,125. You have gone over in your statement the whole field of your memorandum except one section, that about the censoring of letters.—Exactly, and another section, Sir, about evidence not in accordance with the facts, which is published by the Stationery Office erroneously as a fact but is not a fact. That is rather an important point I think.

10,126. No. I think your memorandum contains many expressions of your disagreement with previous evidence, largely matters of opinion and not fact, I think.—These are matters of fact, which I have evidence for here in this case. They are statements of fact, indisputable fact. The evidence of the witnesses on a number of occasions is not in accordance with the facts. This is not opinion; this is a statement of fact.

10,127. Would you like to say any more about points where the evidence is not in accordance with facts?—You have it in this order, Sir.

10,128. Your paragraph 29 contains various figures. I think your disagreement with the evidence is misconceived. I think you misquote the purport of their evidence. Paragraph 30 contains figures which you have already given us in your statement today, and that applies also to paragraph 31.—I have it here, but not in that sequence. I have a copy here. I have the minutes of evidence of the First Day, page 40, Question 3. The Chairman of the Commission has been told in reply to his question, by the Ministry of Health witnesses, that the Commission is dealing with a total of roughly 150,000 mentally ill, with about the same number of mental defectives, and you are advised and you accept the grand total of 300,000, which is published by the Stationery Office as a fact, and which is not a fact, because the Commission is concerned with a total of 450,000 made up of 150,000 mentally ill and more than 300,000 certifiable mental defectives.

10,129. I am perfectly familiar with those figures. You are taking this out of its context. I was examining the Ministry on the statistics which they had produced for us.—Yes.

10,130. Those statistics you now say did not go as wide as they might have gone. They were given for a particular purpose and I do not think there is any dispute as to fact about that.—The figures are published as the total, for what it is worth, as you say, but it is not a fact. Perhaps you would go on to Question 7, page 40—insufficient accommodation. You ask the witness about the accommodation and he says that the accommodation for the mentally ill is sufficient. That is published as a fact.

10,131. No, that again is a mistake. That statement was made subject to the qualification that the accommodation for the mentally ill was sufficient if it was properly used.—It does not say that in the evidence.

10,132. Yes, I beg your pardon, as a matter of fact it does. You have not quite read the whole of the evidence, I think.—I read the whole of that anyway. The Board of Control have stated that the mental hospitals are now housing some 25,000 patients more than they were designed to accommodate. That is information from the Board of Control. I myself have slept in the corridor because there was no room in the wards.

10,133. I have seen at least one grossly overcrowded mental hospital, but it was overcrowded for the reasons which were indicated by the witnesses from the Ministry of Health and Board of Control. I do not think that you need be afraid that the Commission is unaware of the facts as to accommodation.—It is nice to think so. Then on the First Day, page 44, Question 51, a member of the Commission, Mrs. Braddock, asks the witness for certain information and the witness says there is no way as far as he knows of obtaining this information.

10,134. The question being how many old people are certified without any previous record of mental illness?—Yes, that is it, and the Hon. Walter Maclay states that as far as he knows—a person in the Board of Control who should know—there is no way of finding this information. I should like to say to the Commission that, as a case history of each patient is kept in all mental hospitals, and since such case histories invariably and of necessity give the history of the patient before he came to hospital, the answer can be supplied by the Medical Superintendents. I should like also now to draw attention to another item which is not in accordance with the facts. On the Eighth Day, page 312, Question 1649, and again on page 313, Question

1659, it is suggested that it is to be taken for granted that if you can prove insanity, then the patient must be locked up. I draw attention to this error because . . .

10,135. Will you quote the words to which you are referring?—I have not a copy here, but it is page 312, Question 1649, and page 313, Question 1659.

10,136. Let us take Question 1649 first.—It is the same thing repeated you see. I think, for the moment, without quoting evidence from the document, it will be obvious and apparent to you, it is suggested that it is to be taken for granted that if you can prove insanity then the patient must be locked up. I draw attention to this error because I am of the opinion that the public reading the published records may be unduly and unnecessarily distressed by these alleged suggestions. I would therefore like to make it clear to such readers—to the public—that there is no law under which a person suffering from mental illness, or insanity, if you like, can be detained for this reason alone, and to assure such readers that there are thousands of persons insane beyond words who today live in peace in their own homes.

10,137. That is precisely what the witness says.—He certainly does not.

10,138. He is talking about the form of the medical certificate. He says, "The present form is very old-fashioned and not at all in accordance with modern thought. As it is now worded the impression is that all you have to do is to prove insanity, and it is taken for granted that if you can prove insanity then it follows as the night the day that the patient must be locked up. We would like that altered so that the certificate or recommendation included a statement of the reasons why in this particular case admission or detention is recommended."—Exactly, that is what I am saying he states, that witness. That is the fact.

10,139. He states that that is the popular impression which ought to be counteracted.—He does not say why. I can fully for the benefit of the public tell them they cannot be locked up for this reason alone, and to assure them that a number of such people are living in their own homes. Insanity alone concerns neither law nor medicine: it is only when the illness produces, in the individual, behaviour which annoys his friends beyond endurance, or when he becomes a nuisance or a danger to the public, that medicine and/or the law intervenes.

10,140. Is there any further point you want to make on that?—I do not think there is very much, but just this point, that I think it is rather interesting that although

the Irish system is very much in the evidence throughout, no-one has thought fit to mention the Scottish system, which is so superior to the confused and complicated system prevailing elsewhere. In Scotland, magistrates are absent from the scene. The system is much more on a medical basis, as of course, it should be. Consequently the need for patients to appear before a magistrate before their discharge cannot arise. If then, Scotland, with its infinitely greater proportion of mentally ill can do without the magistrates, surely it follows that there is little need of magistrates in connection with the English Lunacy Acts. Obviously, magistrates should never have been involved in this business; for illness, either mental or physical, is concerned not with the law, but with medicine. Because this state has been accepted for generations, it is not very nice to disturb it. No-one takes notice; but the public takes notice; and when the thing is on television—when the evidence is on television, and when the booklet is published, endorsed by Walter Elliot and Lord Boyd Orr, then you say someone has done the dirty on the Commission. Because these simple statements which are the result of sixteen years' hard thinking, are considered to be by way of original thought, they are out of the usual run of the poor people coming here as witnesses. Some witnesses make foolish statements concerning Section 85 of the Lunacy Act, which everyone knows should be abolished. The escaped lunatic—if he manages to hide—is free after 14 days; so we get another blue-bell wood murder! But who cares? I thought the Commission might care, so I spent sixteen years waiting to come here; but no-one wishes to listen to my ideas, but yet believes the witnesses! Any reader who has been to a primary school can read the published records, and find them unclear throughout—"I am sorry, that is most unhappily phrased"—"I am sorry, our Committee had not that aspect in mind!" "What we were thinking was. . . ." Why do they not say what they are thinking? It is because the witnesses are quite uncertain of their statements that when challenged by the Commission—which seems absent today—they cannot support their statements. I, at least, am conceited enough to say that I will support my statements; but who wants to improve? We want to continue certification. Today, leucotomy is the vogue in Britain; we only waited seven years before taking it up; so why should we not skip seven years now, and show we have some imagination, even if our forefathers had not? Surely, then, we have time to shake up our imagination, and try to do something really progressive, instead of saying "Let us modify certification!" when Eire, Northern Ireland and Norway have scrapped it. But we have no more imagination than our grandmothers. This is all I want to know.

It's a funny thing—one writes in the *Lancet*, sends scripts for sixteen years to every medical school in the British Isles, and sends them to the States. You get everybody in the medical world to say you are a wonderful chap, and so on, and so on. They think you have some ideas. I have told you how to do it, but now you say you don't want to hear! I have given some very excellent proposals in the address I made. Do I now wait to see what happens to my proposals today? Is no-one going to suggest a theme? No—you do not wish to be disturbed—you wish to take the easy way out. No-one is going to suggest a theme. It is all very romantic, and that kind of thing. But do you not think the Commission could do something about it when that address is typed? Do you not think the Commission should see what it said, and find whether the address and the proposals really made sense? After all, I take it that a Royal Commission has medical and legal men amongst its members; and, broadly speaking none of them need have any knowledge of the subject under review; but as they are accredited with extremely good education and intelligence, they are able, when they hear someone like me blethering away, to see whether it makes sense. They can say, "Let us see now, to tell that to Mary Brown may seem wonderful. It sounds wonderfully clever, but let him tell it to the Royal Commission—let us sift what this fellow says." Is that not what a Royal Commission is for? To see if my submissions make sense to recommend to the Government? How will you find out if you do not go into the address I have just given at some length, and which has been recorded? That is all I ask; for I cannot see that a fellow should spend sixteen years of his life, all the money he ever possessed, even in postages alone for his manuscripts, travel over a thousand miles when he is in receipt of sick benefit—I am on the sick list with cataract and emphysema. The scholars and the medical men have not the slightest interest. I have given you an address, which I believe lasted 45 minutes, and having recorded that address on three occasions this week, I might well have brought it here to play to you instead. You do not even know what it says; yet you say, "Thank you for coming!" I have travelled a thousand miles, and you say, "Good afternoon". So what? You do not know what I said. You have my memorandum of evidence, and you now have my address which occupies much more time, thought and wisdom than does my memorandum. Therefore one would imagine if that was typed by the stenographer, recorded and roneo'd and given to the eleven members of the Commission instead of to five, then you would say, "My goodness, someone with originality, a breath of fresh air from the desert after listening to these fellows



for fifteen months." Here I come and here I go; no-one sitting here at this moment has the slightest idea of one word I uttered in that 45 minutes. I therefore suggest that that should be treated in the same manner as that which you have in your hand. It should be copied and a copy to me and a copy to the members of the Commission. I should then be asked to come here again in the interests of the public to say whether these proposals will not, with the greatest ease and simplicity, revolutionise the mental health services without disturbing them one jot, and bring all the favour of the public to say, "Now we know what mental illness is. No-one will ever again run from this bogey, because the bogey was the son of certification not the son of compulsory admission." No-one here has the slightest knowledge of what I have said. I can ask any member, "Can you tell me what my address said?", and he will say "No, Sir". It is not possible, it is absurd, to go on like this. We must surely have that address treated as a copied memorandum and handed round to the Commission. If you cannot do that in a moment, then if at some convenient time later on, any time at your convenience you can ask me to come. After all the members have not seen that piece of paper, the fly leaf of that book. You have seen it; there are eleven members of the Commission, they have not seen that statement.

10,141. They have not seen what, Mr. B.?—That statement on the fly leaf. This evidence is said by tremendous scholars and senior medical men to be lucid and interesting in the extreme. "This evidence seems to me to be common sense which, if accepted by the Commission, will remove a needless stigma"—Boyd Orr. The other one: "Interesting in the extreme. This evidence cannot be too closely examined or too much talked about"—Walter Elliot. So here we come to the Commission armed with that and the knowledge we propose to offer you in the interests of the public and of the mentally ill; and without knowing a word I said and without a copy of it you say, "Well, thank you, it was very nice of you to come." Surely, Sir, we must print that, duplicate that thing, give it to the Commission, since the proposals have created such profound interest in many circles and amongst many people outstanding, very much outstanding, in our national life?

10,142. Mr. B., we shall certainly have your evidence, which has been recorded, printed, and we will consider it. You will remember I pressed you originally to send us a full memorandum of evidence, and you did not wish to do that, although you sent this memorandum.—Yes.

10,143. And now it appears that we cannot examine you, in your judgment, properly until we have read your statement today.—I should think that was what would happen. I could not conceive of any other procedure, although I am quite prepared to have that typed now and sit and wait.

10,144. That is, of course, precisely what I was afraid of—that your examination might be unsatisfactory because you had not submitted your full memorandum.—I declined, as you know, in my correspondence with you. That was what was in my mind. I declined to put this in writing; it was of so much value. I say, rightly or wrongly, I am not going to give sixteen years of my life in this cause and then send you these original theories of what you should do and how simple it will be to do it and what a lot it will take off the Commission—to send that here two or three months in advance, maybe six months, and let it be played about with by civil servants and paraphrased. Now, as I told you in the beginning and in my letter to you personally, and I repeat now, the fact of paraphrasing investigations or evidence simply amounts to no more or less than to removing the matter from its context which invariably misrepresents; and I was so determined that these proposals, which are so original that no man in the world has ever thought of them, that I have circulated them now to the United States of America, they are so valuable—why should I give my brains to people to paraphrase? I am very delighted to have the opportunity of giving it to the Royal Commission. I came here today, therefore, with that first idea—that I would like first to address the Commission. It does not work out quite like that because you have no record, but if for that reason only, surely then there is no hurry, why not have it copied? You cannot do anything in fairness to me without questioning me and examining me on that thing. It is the proposals I make there; but I give the reason—the whole thing is left in its context. It is not a repetition in any sense of the words of the memorandum before you. It is something entirely original not connected with that memorandum. And these proposals seem to have struck the interest of a great number of people, and they say, "Well, this is what should be done, but whether you will succeed, I do not know." Perhaps it's considered wonderful and lovely—I sometimes think so, too; but I would like the Commission to say "What are you going to do in this event?" as you have done to all previous witnesses. "You say so-and-so in section so-and-so—How do you reconcile this with that?" Questions from Queen's Counsel—from lawyers and medical men. I put the whole

thing here for you, and I am perfectly certain that there is no other man in Britain who has given his life to this cause, who had done what I have done, learnt from first-hand experience, studied the thing continuously, and thought originally on these things, so that we can now do something to progress in the field of psychological medicine.

10,145. We will study your statement, and if we have any questions to ask you upon it, we will invite you to come here again. That is all we can do, it seems to me.—That is all you can do, Sir? But I think there could not possibly be any question of "if" you should have any questions, because it looks a very poor job if, with this original thing before you—which is setting so many people on fire—you do not think it funny that no-one thought of it before. Surely, you must find reason to debate the thing.

10,146. I do not want to say anything depreciatory of your evidence, Mr. B., but it contains really nothing that we have not had in mind and discussed and gone over with witness after witness, who have said substantially the same thing.—I would like to say straight away now, Sir, that that

is not true—you know it is not true; and if you think it is, I would like evidence of it. No witness in the world has made the statement I have made in my address. It is utterly original thought, and you have no right to say that it has been gone over before. That is why I have kept it, and then brought it here by way of an address. Your suggestion is absolutely untrue, and no-one in the Commission or the Stationery Office can produce anything by the widest stretch of imagination that can represent what I have said. This original thought has been read by Cardinal Griffin, the Archbishop of Canterbury, the Moderator of the Church of Scotland—by the whole bang shoot. And yet you dare to say here that you have it in mind from other witnesses. Maybe you could tell me what it is you have had in mind!

10,147. (*Dr. Rees*): I should like, my Lord, to have the opportunity of reading Mr. B.'s address before asking him any questions upon it.—That is what I say; it should be put up in the form of type.

(*Chairman*): Thank you, Mr. B.

(*Mr. B.*): Thank you, Sir.

Good afternoon, Ladies and Gentlemen.

(*The witness withdrew.*)

*Tuesday, 10th May, 1955*

*Present*

THE RT. HON. THE LORD PERCY OF NEWCASTLE, P.C. (*Chairman*)

THE LADY ADRIAN, J.P.

SIR CECIL OAKES, C.B.E., J.P.

DR. T. P. REES, O.B.E., M.D., D.P.M.

DR. D. H. H. THOMAS, B.Sc., D.P.M.

DR. J. GREENWOOD WILSON, M.D.,

F.R.C.P., D.P.H.

MISS H. M. HEDLEY (*Secretary*)

*Mr. C. called and examined.*

### Examination of Witness

10,148 (*Chairman*): It is very good of you to come and see us. We wanted to ask you a few questions about the letter you sent us, in order to ascertain what was the real point. This is not a public session. —(*Mr. C.*): I would like to make it quite clear that at this late stage I would be most happy to deal with this in the abstract, because there is no damage of a permanent kind. I think there is little to amplify in the memorandum you have, though there is one significant omission. My wife was good enough to type it for me from my notes, and I think—I do not know how it came to be left out—at the end of paragraph 5 where it says that I was informed that there were no grounds for further detention, that was after I had called in a brain surgeon—R., in point of fact—who visited, saw the patient and presumably gave his opinion; how I came to leave that out I do not know. Now, Sir, I am in your hands.

10,149. Your son was sent to "W" Hospital?—That is correct. This is not, as you say, a public session. It is no part of my personal evidence to try to damage "W" Hospital.

10,150. Was he seen there by brain surgeons?—No, but he was seen by a consultant.

10,151. Then the first real complaint is that he was removed from the hospital to a mental hospital without anyone consulting you?—That is quite correct.

10,152. And that you were actually in the hospital and available at the moment?—The time factor is, I think, clearly stated here, that the whole Sunday was allowed to pass without any reference either to his own doctor or to me as his father, and that when I arrived at the hospital, which was roughly noon on

Monday, the chap called the duly authorised officer had already been sent for. Therein from a layman's point of view the original mistake occurred because (a) his own doctor would have been perfectly happy to have had him back under our care; and (b) I was undoubtedly misled by a junior house physician. I make this statement quite categorically. She would persist in referring to herself as so-and-so's assistant. Even a layman knows the possible capabilities of a house physician, but a layman accepts the description of a young doctor, of whatever sex, as so-and-so's assistant, as being on something on a higher level. That is where the thing to my mind starts to go wrong. The question I put to this young person—I knew nothing about the functions of the duly authorised officer—was he a medical man? I was told that he was, and of course he is not. And you see, as stated quite plainly, although I was there I had no part in the proceedings. I was advised not to.

10,153. And the house physician knew you were there and was talking to you?—Yes, unfortunately. I was in the place from roughly noon till 4 o'clock, until the removal had taken place. If I can enlarge a little on that, in a case like this, as I see it, there is the violent change for a chap who is not mental but is suffering temporarily from blackouts, and therefore, shall we say, for 23½ hours of the day at least is his normal self, and then is removed from the tender care, if you like, of a hospital to what in effect is a mental ward with the locked doors and all the other restrictions.

10,154. Was this an observation ward?—That is right, a psychiatric ward.

10,155 (*Dr. Rees*): Which hospital was it?—"V" hospital.

10,156. That is not a mental hospital, but in the observation ward they restrict patients' liberty in the same way? The doors are locked?—The doors are locked. You are under observation. A chap gets his food with implements with which he cannot cut his throat, if you like to put it that way. I imagine there cannot be much difference between that and a mental hospital.

10,157. (*Chairman*): One thing which seems pretty obviously to have gone wrong, and one knows how it sometimes goes wrong even where there is no question of mental illness, was the lack of contact between the hospital authorities and the parent in spite of the fact of your being on the spot.—And if I may say so, between the hospital and the boy's own doctor who must surely know him best.

10,158. But apart from that one knows how much afraid hospitals are of an irresponsible patient, and one knows the terrible criticism which is levelled against doctors and nurses if such a patient jumps out of a window or tries to commit suicide. There is a tremendous temptation under those circumstances to get a violent person, even if he is only temporarily violent, under the control of a hospital which is equipped to deal with cases of that kind.—I think it is fairly stated again in my memorandum that he was a nuisance; he was a disturbing element obviously. But after R. had seen him and pronounced on his case, it was a perfectly straightforward diagnosis that it was merely a matter of a few months' rest. There would be no more trouble at all. There has been no more trouble. To my mind it is important that he went from "V" hospital to the hospital "U", of which one cannot speak too highly. He had his blackouts there but was beautifully taken care of. If he wanted to walk out of the ward one of the nurses just linked her arm through his and he went for a walk. I have tried to be constructive and said that surely there should be a ward set aside in hospitals for such cases where the environment is not changed from that of the ordinary hospital to the atmosphere of a mental hospital. After all, it must impinge surely on the young more so than on the really grown up, and possibly affect them very bitterly for years to come.

10,159. Where is hospital "U"?—It is primarily a hospital for nervous cases.

10,160. It is a neuro-psychiatric hospital?—Yes. What puzzles me is why in one case you can get such an atmosphere and such treatment and in another you have to have that dreadful intermediate stage.

10,161. How long was he in the observation ward?—For 17 days.

10,162. He was then discharged, was he?—He was then sent to "U" hospital,

where we had made the necessary arrangements, but you see, my Lord Chairman, what is I think a little worrying to anybody who takes a reasonably broadminded view of these things is that my family and I were able in effect to step in in this case, but what happens where a family, if you like, has not got the gumption or whatever you like to call it, to do so?

10,163. A very large percentage of all cases that go to observation wards in London are in fact discharged without any intervention by the family.—Still, that is the nagging feeling I have.

10,164. (*Dr. Rees*): He might still have been sent to "U" hospital.—That is as may be.

10,165. (*Chairman*): Your criticism is, why was he not sent direct to "U" instead of through this procedure?—If you like, or why is there not provision in the great hospitals for that type of case, which is not a mental case at all and yet is treated in effect as a mental case? To my mind as a layman the things are quite different.

10,166. (*Dr. Rees*): What sort of arrangements do you think are necessary for dealing with patients who want to get out of a window two storeys above the ground?—You put him on the ground floor to start with.

10,167. You think wards should be provided on the ground floor?—Yes. There is one unfortunate thing. I believe he was originally scheduled to go to "W" hospital's neuro unit, which is a war-time hotted hospital. That would probably have been all right, but to put him in a medical ward on the second floor, to my mind does not seem very clever.

10,168. You do not feel he should have been admitted to "W" hospital in the first place?—Certainly not on the second floor.

10,169. Had he tried to do something like this before he went in?—The windows would represent a door to him in a blackout. The point is that there was never any difficulty about it when he was at home, no difficulty whatever.

10,170. (*Chairman*): I do not know whether I am right, but it strikes me as the sort of case which might not have happened in that way anywhere but in London where the observation ward system is so well organised and conveys so little stigma, in the estimation of those responsible, because such a large proportion of those who go there are discharged; they are not mental hospitals themselves. In London perhaps the general hospitals have more recourse to this procedure, in dealing with patients who may be mental or neurotic—they are not quite sure which—whereas in the provinces where observation

wards of that kind are not so easily available, people think three or four times before sending a patient like that to a mental hospital for observation.—I think I would accept that, Sir, with this proviso. Naturally we used to visit that particular ward at "V" as frequently as we could, though visits are very much restricted, and I must say I formed the impression that these places are pretty antiquated.

10,171. (*Dr. Rees*): The stigma in going to "V" is just as much as going to a mental hospital?—It is not a question of stigma.

10,172. It is the deprivation of liberty?—If you like. It is the whole atmosphere of the thing which I do say is detrimental to a young man in a case which is not a mental case.

10,173. (*Sir Cecil Oakes*): Your real point, I think, is this, is it not, that in a case of this kind which may happen at any time the medical staff work should be done in a different way?—Exactly.

10,174. You should not call in a duly authorised officer, but should have medical liaison?—You have I think, Sir, appraised it as I would like to have done myself. I think the system is wrong. There is too little difference in the treatment of what might be an operational mental case. May I put it this way, in the war there must have been a large number of these cases of one kind or another—chaps who have been shell shocked. I am quite sure they were not treated in that way.

10,175. (*Dr. Rees*): Do you realise that many of the troops who had injuries during the war were admitted to mental hospitals as the only places fit to deal with them?—From my own branch of the services—the minesweeping service—I believe we had an unduly high proportion of chaps who had to go for a rest. They went down to Barrow Gurney. They returned to us every so often. They were treated with the utmost kindness and the atmosphere was perfectly all right.

10,176. Barrow Gurney is a mental hospital.—I am prepared to accept that, but even within a mental hospital presumably you can have wards or accommodation where people can live normally.

10,177. (*Chairman*): That is one of the objections to having observation wards in other hospitals where the patients will only stay a very short time.—I will say this, and again I repeat I can say it because we are *in camera*, as to staffing. The nurses are male nurses. I thought the senior nurse quite high class, quite superb and an intelligent chap, and I think he regarded his job more as a vocation than otherwise. But having got beyond him, the staff gave me the impression of being in the outside world well-nigh unemployable. Your

average male nurse is, let us put it, of low calibre. It is not for me to say the reason; that is the impression one got. That again seems to be a defect of this system. And this rather pompously named "duly authorised officer" was not a very prepossessing chap.

10,178. (*Dr. Rees*): Did you see him beforehand?—I did indeed, and I raised the question whether I could see the lad, and not knowing the form—after all you do not—I was advised not to, but as I say at the end of my memorandum, it does seem to me the law tries to have it both ways; either the chap is fit to incarcerate himself completely . . .

10,179. He did not sign anything?—He did sign.

10,180. It is not necessary for the patient to sign anything before going into an observation ward.—He signed a paper which admitted him to that observation ward.

10,181. I think there is something wrong here. Either he went on the order of the duly authorised officer or as a completely voluntary patient without the order of the duly authorised officer, though the duly authorised officer may be the means of his being persuaded to become a voluntary patient. You say they kept him 17 days at "V"?—Here is another point. It does seem to me that these junior officers in the hospitals do not know the law and regulations on this subject. There is no dispute between "W" hospital and myself on that; that was thrashed out. Either the chap is fully competent to deal with the matter or he is not, and if he is not then surely his next of kin, in this case myself, must see the boy. There was no contact between the boy and myself.

10,182. (*Lady Adrian*): Could I ask whether it was a medical man or was it the duly authorised officer who advised you not to see your son?—The duly authorised officer gave that advice. I have got to cast back something like two years and I cannot remember whether the young lady house physician was there at the time or not. I would not say one way or the other, but where she went astray was, and there is no doubt on this, that I was advised if I had made proper arrangements he would be discharged. That was not so. Had one known that quite clearly at the time then I can assure you that no power on earth so far as I was concerned would have allowed such a thing to happen.

10,183. (*Sir Cecil Oakes*): You did not know about the 17 days, of course?—Three days was the only time mentioned to me, and it would appear—and I say this quite deliberately—that the officer in charge of these units goes to a magistrate and gets another chit signed, which goes on for

another 14 days, and all this time your own medical people, that is the boy's own doctor, is not consulted. I agree they did allow R. to come and see him.

10,184. (*Chairman*): Are you not mistaken there? No magistrate's order is necessary for the extension of the three days by another 14 days to 17 days, but any further extension beyond that is a question of certification by a magistrate?—I would not dare take issue with you. You must know better than I. I was fully under the impression that the three days was turned into 17 by a magistrate's order, but if it automatically follows why mention three days at all?

10,185. (*Dr. Rees*): The first three days is authorised by the duly authorised officer. —Then surely, Sir, nobody should be committed to any type of mental ward on his say-so, for whatever period, without proper authority or at least medical consultation, and I repeat, at least bringing the patient's own physician into it? There to my mind is a grave defect—a patient's own doctor surely must have some say in these matters.

10,186. The patient's own doctor is not always available, is he?—No, but he knows his case inside out.

10,187. (*Chairman*): One must remember that this three-day order is an emergency procedure. So often the emergency procedure tends to displace the more normal procedure.—It is a convenient procedure—that is the truth of the matter.

10,188. Where there is real emergency, as it appears to the hospital, it may be reasonable enough, but not in those circumstances?—There is to my mind in a case like this a failure by the hospital to accept responsibilities, and to panic. Having made a decision that a patient in these circumstances is troublesome, and he undoubtedly was, why panic to get the chap removed virtually in a matter of hours rather than at least try and keep the thing going until satisfactory arrangements can be made? That, to my mind, is where the hospital fell down.

10,189. It has been represented to us that it is a defect of the present law that this does not work as it would if a general hospital wished to refer a patient to any other specialist hospital, because, as it is a mental hospital, you cannot transfer him without the intervention of the duly authorised officer, in place of a magistrate; and if it were not for this complication of legal safeguards to prevent people being put unlawfully or illegitimately into a mental hospital, if the procedure were more simple, the duly authorised officer's intervention would not be necessary and the transfer to the mental hospital could take place in consultation with the patient's doctor and

not arbitrarily.—That would be better because at least a patient's doctor would be brought in, and I think the family would be more satisfied, provided you have faith in your own family doctor as we have.

10,190. (*Dr. Thomas*): You would have been prepared to take your son home in the circumstances had you known them?—Yes. He had earlier spent a week in the hospital at home in Colchester, and quite obviously the same trouble as they had at "W" hospital caused a certain amount of bother there, though there was no real danger there because he was on the ground floor, which to my mind is a most important point; that might have been fortuitous, I do not know. When due to the fact that he was apt to get up and walk out, we consulted our family doctor, he said, "Yes, take him home. I will accept responsibility for advising he be taken home and you just nurse him yourselves. When he has these blackouts then jolly him along. He will be all right." It was so. The odd thing is that there had been no blackout for several weeks from the time he left us to the time he went to "W" hospital; that again was quite fortuitous, he might have been worked up.

10,191. During those periods of blackout, was there any behaviour that might have endangered his own life?—Not beyond this, that in "W" hospital he was on the second floor and he would go straight for an objective.

10,192. Any impulsive behaviour of any kind?—No, we normally led him gently to a seat and gave him a cup of tea, whatever the time. Even my wife who is 5 ft. 2 in. tall—he is 6 ft. 4 in.—had never any difficulty with him, which gives us the impression this particular hospital fell down on the job. We naturally say to ourselves that if we, without any knowledge whatever, can handle this situation, how can they find it necessary to put him on to a mental observation unit?

10,193. (*Dr. Rees*): He was under the care of R. all the time at "U" hospital, was he?—He came to see him. He made his diagnosis. I presume he laid down certain treatment to be given.

10,194. He had no operation?—No, it was not necessary.

10,195. How long has he been home now?—He left "U" on Christmas Eve, the year before last.

10,196. He has been quite well since?—Yes.

10,197. Is he back at work?—He did not go back to his previous work. He was a student engineer. He said he did not want to go back because he had walked out in a blackout when doing

his practical. He had walked out of his technical college. You can quite understand that he did not want to go back. We said, "All right, please yourself. Stay home just as long as you like." Being mechanically minded he used to go and work quite voluntarily for the local garage. To give you some idea of the fact that the boy is perfectly all right, in two years' time he is going to go to a subsidiary of a well-known firm as an executive in charge of the maintenance of no less than a hundred and fifty vehicles.

10,198. In two years' time?—In this period he is doing general garage work for his basic training. I imagine that a firm of that calibre do not employ those who are not quite all they should be.

10,199. When did he start at this local garage? And what did you say he is doing there, just pottering around?—Yes. Certainly within a month of being home.

10,200. Is he still there?—No, because you see he went and did his military training, his usual fortnight, and he stayed until that camp was over. Then he said he must find a job and that was the job which he landed, to which he will go in eighteen months' time. Why he is not doing his training there is this, that they will not, quite rightly, train those who are going to become executives in their own shops.

10,201. Where is he having his training?—In a garage at Colchester. He is going to training college.

10,202. (Chairman): He is doing his engineering apprenticeship?—Yes, in fact he drives his own car. He is in every way perfectly normal.

10,203. (Lady Adrian): Was the variety of types of patients in the observation ward one of the things which caused him distress?—Their behaviour did. One attempted to commit suicide. One had fallen down a lift shaft and the lift practically descended on him, and from time to time he imagined he saw it coming down on him again; it was all most distressing. There were others, again, from my own observation, who were obviously mental and probably always would be, and he was a youngster just temporarily upset...

10,204. Did it in fact distress him very much?—Very much, quite frankly. I thought he was very angry with me. He let me know it in no uncertain terms. He assumed that I had put him there. It is, as I say, a defect to my mind. There is a gap somewhere in the handling of it all, if you put together the genuine mental case and the chap who is in by accident.

10,205. (Chairman): I am not sure whether there are not perhaps too few gaps.

Once you get an efficiently regulated system of administration dealing with the suspected insane, where the duly authorised officer and the local authority system is all nicely regulated, it can work just like a machine regardless of the personal factors involved in a particular case.—That may well be so. I think it comes back again to at least calling in, even on the telephone, the doctor who was originally concerned. It might be that the patient's condition had really deteriorated mentally, which surely would be fairly explained to the chap's own doctor, but unless there was something like that, even a telephone consultation with the man who really knows the case, to my mind, would save a lot of distress.

10,206. (Dr. Greenwood Wilson): Going back to the very beginning it was through the house physician that everything else happened?—Exactly.

10,207. There was no one senior to her?—I do not blame her. The thing has got to start somewhere. She no doubt did her duty as she saw it, but of course it is a criticism, if you like, that she made a ghastly error and lost her head. Drugs were used very freely. I do not want to create any trouble. Had this been a public hearing the name of the hospital would never have been mentioned. It is no part of anything I want to do or say to destroy confidence in the hospitals, but one's private feelings are one's own. It was in my mind a chapter of errors, but the system allows the errors to happen. That is why I am here today. It should never have happened.

10,208. (Dr. Thomas): I am wondering how far the present legislation was responsible for the series of errors. From what I have heard I am more inclined to think that the essential thing missing there was adequate training of the house physician before qualification. Alternatively, there should be some system by which she could equally ask for some advice.—Undoubtedly I think that was the main contributory factor to this embroglio. So far as the law is concerned, I am not legally minded. It seems to me that the parents or the next of kin, whatever age the patient, must be brought into this committal business right from the start.

10,209. (Chairman): But one of the difficulties is that the relatives are so often afraid of the grudge which the patient could bear against them if they made themselves responsible for action.—That I can understand, because my own boy and I had a very difficult passage, because he was convinced I had instituted these proceedings. Fortunately, the boy having thought it over, there has never been any further mention of it, but you cannot get away from the fact that there is the thought at the back of your mind. On the other hand,

there are various levels of intelligence; we must accept that. It is quite possible that some parents or next of kin might not be prepared to accept their responsibilities; that I can see; but in normal intelligent families such a decision would be properly thought over and accepted.

10,210. (*Dr. Rees*): In this case you were consulted on the matter?—Yes, but you see being a chap amenable to discipline, if you like, I accepted the advice which was tendered to me, which was not to press the matter. Of course I made a mistake in not pressing the matter, but I accepted the advice which was given to me. In the light of the boy's being under the influence of drugs and probably feeling drowsy, and so on, looking backwards at it, I am quite convinced that had I had five minutes' quiet conversation with him I should have been able to sum up the position and have said, "None of this nonsense". That would have put the matter out of the hands of the hospital.

10,211. (*Sir Cecil Oakes*): It goes back to what I said. It was really staff work at fault?—It was not the right way to approach that kind of case or that kind of patient.

10,212. It might have been in some cases; you will appreciate that?—Of course. I hope I have made that plain. The next of kin in those circumstances must accept their responsibilities if the thing is to work. On your point, Sir, I know you are con-

cerned primarily with the law on this matter; that is the purpose of this Commission. But surely there is room, when you come to think these things over and if by chance you have to accept possibly a point of view presented by people who come here on a case such as mine, for recommendations?

10,213. (*Dr. Thomas*): The thing one has to remember, I think, is this, that even were we able to devise a perfect legal system, which we never will be able to do, nevertheless the administration of the Act is entirely dependent upon personnel?—Exactly.

10,214. (*Chairman*): I am very grateful for your having taken the trouble to come and see us. I hope you feel that you have told us what you think we ought to know. —Whether this has been of any use to you or whether you have considered it worthwhile hearing what I have had to say, I do not know. I have spoken, I think, fairly. I believe there was a gap in this case which somehow or other should be taken care of from the public point of view. I repeat that I am a little scared that you might get a family which might not be able to handle such a situation, and if in your wisdom you can think of some answer to it, I shall be more than satisfied. You have been very patient with me. I have no grudge. It is so long ago now that it is all over and forgotten, as it should be. One imagines and hopes that it will not happen again.

*(The witness withdrew)*



Wednesday, 29th June, 1955

*Present*

THE RT. HON. THE LORD PERCY OF NEWCASTLE, P.C. (*Chairman*)

SIR RUSSELL BRAIN, BT., D.M., P.R.C.P.

SIR CECIL OAKES, C.B.E., J.P.

DR. T. P. REES, O.B.E., M.D., D.P.M.

DR. D. H. H. THOMAS, B.Sc., D.P.M.

DR. J. GREENWOOD WILSON, M.D.,

F.R.C.P., D.P.H.

MISS H. M. HEDLEY (*Secretary*)

MISS D. called and examined.

**Examination of Witness**

10215. (*Chairman*): We are very grateful to you for having sent us your long statement. I do not think I want to ask any questions about the cases you mention because I gather you just gave them as instances of what you think is happening? —(*Miss D.*): I feel virtually certain of what happened.

10216. Yes, you feel virtually certain about the general situation, but you are not prepared, I think, to speak to any of those cases?—Except that some of them have been reported in the press which they would not be, because of the fear of libel, if they were not pretty well substantiated. In some cases there were actions brought, which is a very difficult thing to do.

10217. What I really want to ask you is whether you have got any recommendations to make to us about changes in the law or in the general system of dealing with suspected mental illness or mental infirmity?—I am sure you will agree with me it is very difficult even for a number of persons putting their heads together to find a way to alter the law. I have just been reading a book on American law, which varies from State to State, and various experiments have been made, some of which seemed as if they had worked but did not. I do feel very strongly that false certification occurs on the very flimsiest of evidence or none at all. In fact I know that it does. I know of cases in my own district, one in particular, and my plea is very largely for the unprotected person who is the prey of every rogue in Christendom. I would like to say that in my opinion every rogue in Christendom almost is conversant with the loopholes in the lunacy laws, but the honest man of any class is not, unless he is a lawyer. Some of these do know, and doctors of course, but they are specialists. I can assure you that many women known to me,

gentlewomen many of them, if they are persistently ill have expressed the same fears to me, which are, in my opinion, fully justified, namely, that they are afraid to go to doctors—in some instances doctors have told them not to go to doctors; they are afraid to go to the local council about anything; and they are super-afraid to make any legitimate complaints to the police. If you knew as many instances as I do, or believe myself to know, of false certification you would see the reason. Men also are afraid if they are persistently ill.

My attention was drawn the other day by a man who knows a very great deal on this subject to an article which he states appeared, I think, in the "New Statesman" a few weeks ago. I have not yet dug this out, but I intend to read it. It was entitled, I think, "The New Poor", and there was a comment made in it of the number of persons who apparently disappear mysteriously from institutions such as Luxborough Lodge in Marylebone and places of that kind and who apparently are never heard of again. The implication, I think, was that they finished up in a mental institution. Some of them may be borderline cases, I do not know, but 96 persons, neither insane nor senile, were, I understand, thrown into "T" mental institution some time ago. It leaked even into the press, which is very rarely done. Shortly afterwards I was talking to a journalist in a café and he said to me, "I know that is correct from my own experience."

I have an elderly friend who has been persistently ill and, because his illness is persistent, the doctor could not get him into a hospital. The doctor said to the wife, "You must just pretend that he is insane and then we can certify him and get him into a mental institution." She said, "Never." But the people from whom you

can learn anything in these matters are all almost invariably afraid to give their names. People who have been victimised are again afraid to give their names for very plain reasons.

10218. Do I understand that you have in mind particularly the elderly people?—No, I know of cases of quite young people, but the elderly run a very much greater risk even than the young persons. Any person who is unprotected by relatives runs a terrific risk in this country. I know of several persons who have stated to me their determination to get out of this country. I have asked them what was their reason, and it has turned out to be the defects of the lunacy law. The taxi-driver I mentioned in that document told me he was getting out of the country; he was a Scottish taxi-driver. That was the beginning of my conversation with him. I said, "For what reason, if I may ask?" He said, "I have been treated so badly in this country." I said, "I have been treated very badly in my own country; what happened to you?" He said, "I was in hospital, and I have a wife and two children dependent on me and my earnings, and I was driven eventually to make a legitimate complaint. I was then threatened with the psychiatrist." I said, "How did you avoid certification?" He said, "By courage, forethought and by being fore-armed and by threat. When I entered the psychiatrist's room I did not allow the psychiatrist to speak to me. I said, 'Now doctor, if you are aiming at throwing me into the loony bin just get this; it is in the hands of my M.P., a very well-known man, it is in the hands of my Trade Union, a powerful Trade Union, and it is in the hands of my solicitors, a very reputable firm, and if you do this to me you are for it, just get that.'" I said, "What did the doctor reply?" He said, "He lifted up his fist and banged it down on the table and said, 'You ought to be behind bars!'" But he did not dare to certify me." I could tell you of many cases, some similar to that, but there are not any provable cases. The victims cannot obtain the proof. That is why testimony is so very important.

10219. (*Dr. Rees*): Have you visited any of these patients in mental hospitals, Miss D.?—I have.

10220. Have you often been to a mental hospital?—Not often, but I was a victim myself quite unexpectedly. I took a great interest in these things very long ago.

10221. How long ago were you a victim?—Some years ago. I never for one moment anticipated such a thing could occur to me, but it did.

10222. Just tell us what happened, will you?—I would prefer, if you do not mind, as there are doctors among the audience,

not to go into too many details, but it was done in order to avoid my evidence. When I found myself in an institution, after three days the Medical Superintendent visited me, as I think by law he was bound to do. As I was held *incommunicado* and I could not get in touch with relatives I made a statement to him, and he shouted at me very loudly, "Delusions, delusions." I was very much more calm than the Medical Superintendent, so I said, "Doctor, will you not hold your judgment in suspense even for a few days and make inquiries and see whether what I said is a question of fact and not of delusion or a piece of imagination?"

10223. Did he do that?—He did not. He rushed away from my bed and did not come back to me. After some considerable time he passed my bed in going to another victim, and as he passed I said, "Doctor, might I ask if you telephoned to those two persons of repute whose names I gave you, which would enable you to verify the facts of my statement?" He shouted at me and said, "I have not, and I have no intention of doing so." I then saw exactly what hands I was in.

10224. Was this inside the mental hospital?—This was in a mental institution.

10225. Did you go to an observation ward first?—I did.

10226. This was after you left the observation ward?—It was.

10227. How long did they keep you in the mental hospital?—I was there for a large part of a year.

10228. (*Sir Cecil Oakes*): Was that in this country, Miss D.?—In this country.

10229. (*Dr. Rees*): How did you manage to get out?—I should be there now at this minute in my estimation if a relative had not turned up and, finding me exactly as he had always known me, effected my release, but my relatives mostly were abroad at the time, and it put me in a very invidious position indeed.

10230. During your stay in the mental hospital how did they look after you?—Extremely badly.

10231. What was your chief complaint about it?—The régime of fear to which we were all subjected. The so-called patients were ruled entirely by fear.

10232. Do you believe that there are some patients who ought to go to a mental hospital?—Certainly, if the hospitals were what they ought to be; there may be some which are.

10233. Who should send them to a mental hospital? What should happen before certification?—They should be closely observed and not thrown into institutions on flimsy grounds.

10234. Closely observed by whom?—That is the difficulty. I suppose doctors and magistrates. There was an article, to which I called the attention of the Commissioners, in a newspaper recently by an alderman, a J.P., who wrote under the title "Refuse to brand them mad."

10235. I have read that one; you put it in your statement?—Yes. I have brought today some responses in the form of letters to that article which should be read, and I have had an interview with that alderman. He told me a good deal of the procedure and consumed most of the time in that. Eventually I read him a little of the document. He appeared to become agitated; he just denied that such things could happen. "Certainly not in our area anyway," he said. He then became rather agitated and suddenly blurted out, "I never would have believed it; I could not have credited it."

10236. If you were a magistrate or a doctor what sort of people would you send to a mental institution?—Of course persons who are very obviously insane, of whom there are some, but I think the medical background should be gone into much more carefully and above all there should be some means of finding out whether relatives have an ulterior motive, or whether any other persons have an ulterior motive.

10237. Do you think relatives often have an ulterior motive?—Most certainly.

10238. What do they gain by getting a patient into a mental hospital?—If it is a private institution they may gain money. I do not know if you have ever read Charles Reade's "Hard Cash." It is supposed to be out-of-date, but it is very much up-to-date, and he said that one push will send a person into a mental institution but it is like climbing an unscalable cliff to get out. He himself sheltered, fed and clothed a young man whose relatives for hard cash had engineered him into a mental institution. He fed and clothed him for a year, and showed him his legal remedy, and the part of the book which deals with the legal case is extremely interesting.

10239. Relatives alone cannot get a patient into a mental hospital, can they? They need the assistance of a doctor?—Relatives alone cannot get patients into a mental institution, but nevertheless they very frequently do get patients into a mental institution.

10240. What does a doctor gain by getting a patient into a mental institution?—In some instances in regard to private institutions he gains monetarily. In one instance I cite there I have a book written by the victim and her husband giving the names of every doctor concerned. It was

done for money by a young *locum tenens* who was hard up and he gained some money by it.

10241. The *locum tenens* does not get paid any more if there are more patients in institutions?—No, but there is such a thing as dichotomy fee-splitting.

10242. Whom does he do the dichotomy with?—It appears to have been done at any rate, otherwise he would have no motive for getting the woman into the institution. It was certainly done in the case of Reade's protégé.

10243. But the bulk of the patients who go are in hospitals belonging to the National Health Service, and they are kept there free of charge?—Exactly. They are detained there and many of them deprived of their liberty when they could be out, and it is of no interest to them to be kept free of charge when they are in duress vile. If you were in an institution and had no freedom and no civil rights, and could not utter a word of truth or write to anyone with a word of truth.

10244. Have you visited a mental hospital recently?—No.

10245. How long ago were you in a mental hospital?—Several years.

10246. Conditions may have altered a little?—Conditions will have altered to some extent, because probably there may be slightly more staff than there was, but otherwise I do not think conditions have altered since that time.

10247. If you had the running of a mental hospital yourself, what sort of place would you like it to be?—I would like it to be a place where fear is eliminated. I admit there are violent cases, no doubt. I saw none; I saw no violence whatever on the part of any patient, but I have no doubt in other parts there may have been some violence. We were the "butterflies" of the hospital.

10248. How would you eliminate fear?—That is easy, by kindness. There is a cat of my acquaintance which belongs to a certain café; he had a nervous breakdown for four years, having been on the streets during the bombing. He did not have any psycho-analysis, but he was cured by kindness, and so could patients be. I knew a man who runs a small home near the gates of a large mental institution, I had a conversation with him, and he told me that he and his wife often get patients from the institution, and they were cured in a short time by kindness and being allowed to roam in the garden and so on.

10249. What other changes would you make, apart from the elimination of fear?—I would certainly make changes as to sanitation and changes as to food, but above all the chief thing that drives people

insane is fear. I saw while I was in the mental institution two women lose their reason entirely through fear of the assistants and the doctors, and it is a terrible thing to see a woman give over and make the great surrender into insanity through fear.

10250. Would you like any changes made in the law regarding the discharge of patients?—That is a very difficult question owing to the fact that insanity or even suggested insanity bears such a stigma that relatives are extremely afraid to exercise their rights, and the discharge of patients depends on medical men and committees, who know extremely little, I should say, about the cases whom they either discharge or condemn to perpetuation.

10251. (*Chairman*). But surely you are wrong in saying discharge depends upon doctors? It depends mainly upon relatives.—Pardon me, I think as far as my knowledge goes that does not seem to me to be correct. It is correct no doubt in regard to voluntary patients, but can a person become a voluntary patient unless he has a relative who will stand for him and be ready to receive him?

10252. Yes, a person can become a voluntary patient irrespective of his relatives, and a certified patient who is not voluntary can be discharged by his appropriate relative at any time. The Medical Superintendent has the power to issue a barring certificate in cases where he thinks a person is dangerous and unfit to be at large, but the issue of a barring certificate is very rare indeed.—Just so, but again it depends on the relatives. I am speaking for those persons who either have no relatives or have very bad relatives. Those persons are completely at the mercy of authority, and authority is not always good; it is not always moral. Many psychiatrists are either agnostics or atheists; therefore they have no particular standards to which they subscribe.

10253. Who would you trust?—My experience of the world has been such that I would trust almost no-one; I have had every reason for trusting no-one.

10254. That is not awfully helpful, because you have got to trust someone.—Yes, you have to trust, but you are let down time and time again. If I have met about four true Christians in the whole of my natural life it is about as many as I would sum up as Christian, and two of those were my mother and aunt. But I do not know, I wish I could give more constructive suggestions. I have turned this matter over in my mind, and it is a most difficult question, even for any number of persons of good intelligence to solve. But I do feel chiefly that there ought to be very profound safeguards in regard to persons who have no relatives, or relatives

who have no interest in their existence. Those are the persons who are victimised, both in general hospitals and in mental institutions, and who have very little chance of recovering their freedom.

I do not know if you will think this is too discursive, but a man known to me who knows a great deal about these matters saw a man one day standing outside Marylebone Library. He looked half-starved. Most persons would have passed him by like the priest and the Levite, but this old man is a bit of a character, and he said to him, "Have you had a meal today, my man?" The man said, "No, Sir; I had a cup of tea yesterday, I have not had anything today." Without more ado the old man said, "Come with me to the British Restaurant; I will give you a hot meal." They had a hot meal together, and over the meal the old man said, "You are a fine up-standing fellow, how do you come to be on the road?" The man replied, "I escaped from a lunatic institution." He had been twenty-six years incarcerated, ever since he was a young boy. The old man gave him five shillings and said, "This will pay for your breakfast tomorrow, until you meet me tomorrow at twelve o'clock, when I will give you another hot meal." When they met again the old man said, "What you need is a job, come with me to such-and-such place tomorrow and we will try and get you a job, even if it is only dish-washing. It will put you on your feet, give you a chance and give you a character." They went, and the person they were to have seen was not there and they had to go away. The next day the man went by himself, the old man could not go. He went to the wrong place; he went to the next-door establishment which was a rather posh club, but it so happened that Major Somebody heard him inquiring after work, and he needed a porter badly. He said, "Can you carry heavy boxes?" He was recently wracked with starvation, but he said he could, and Major Somebody took him on at five pounds a week, uniform, board and lodging. That man is in clover, relatively speaking, owing to the angelic action of the old man, but that probably cuts no ice with anyone, because it cannot be substantiated, except by reference to that man.

10255. Had that man been in a mental hospital, or had he been in a mental deficiency institution?—He was not a mental defective and he was in a mental institution. I have known two young men, one of whom was in a mental institution through having teeth out. He had an anaesthetic and it made him go hazy for two or three days, and he woke up in a mental institution. That young man was, strange to say, an attendant in a mental

hospital. Another young man, who lived near where I did, also had the same experience, but his parents protected him for three days and avoided his being sent to a mental institution. But in all manner of ways people are engineered into mental institutions on slight grounds like that. If a person is in a state of delirium in hospital through some physical illness—I should imagine so such thing would happen in a reputable hospital, that they should be sent to a mental institution because it is the outcome of physical illness, and in my opinion, and that of many more, a large variety of mental conditions arise from physical conditions, or preponderantly physical conditions.

There was a case which was mentioned in the press some time ago in a Cardiff mental institution. This is just an illustration of what I say. There was a man who had been violently maniacal for eight years in this Cardiff institution. The numbers are so great in this institution, I understand, that not even the physical health of those persons can be looked after because of the paucity of doctors compared with the number of patients. After eight years a doctor took over the superintendency who was keen on his job, and he determined on a fresh physical examination of every patient, every man in his charge. When it came to this man's turn he had a hunch, he suspected that the wire which was attaching a false tooth to another tooth might be pressing exteriorly on a nerve. He extracted the tooth and the man regained his sanity immediately after eight years of being constantly in a padded cell with acute mania. No doubt that was the precipitating cause, there may have been other causes, he may have suffered great stress domestically or in some other way, but the article did not give any account of that. But illness due to a variety of causes goes under the name of physical illness. Health is a balance, and illness is due often to a variety of causes.

I have a personal friend who undoubtedly would have been thrown into a lunatic institution if she had not had a husband and children. She came to me in great distress years ago when I was a young girl. She was a young married woman with three children, and she could not carry on because she was so ill. I was the only person who showed her any sympathy. That was the reason she came to me. She implored me to tell her what she should do. She could not get any help for this condition, plainly abdominal. She went to general practitioners without help; she went to men and women of all descriptions, gynaecologists, everything under the sun, even psychologists, and got no help. She then went to all the London hospitals bar two, both general and

special, without finding out a single thing about her condition. She came to me and implored me to tell her what she should do. I said, "I know nothing whatever of medical things, not as much as you do." At last I said, "There is one thing I can think of and that is what I know we ought not to do." I said, "Try and get hold of some medical books, and see if we can find out what is wrong with you." It so happened her husband's brother had been a medical student at a big teaching hospital but had unfortunately died while still a student. We fished out the books and studied them intensively for four months when she came to the conclusion what was wrong. She believed it was a series of things, and so it proved. They did not find out a single one of those things in the hospitals or through paying a large amount of money. We went back to the last hospital bar one, and the medical registrar there, whose sister I know—I have never told her this—mocked at her, and said, "Oh, those women; they love operations; she wants an operation." He said, "Go home, think less about yourself and do more work." I knew she was a fiend for work. She was a very pretty woman, like a piece of Dresden china, and I suppose they thought she was her husband's pet and did no work. She felt very upset, but it so happened by sheer fluke that a nurse in the next room turned her back and said, "You must not come through here for a few minutes, stay where you are." She saw through the doorway and saw him waving his arms and mocking at her to the students. She said to him, "It is all very well; you are mocking at me, but if you would only give me proper and full examination which you should do in the first instance, or even listen to what I have to say, you would find something very radically wrong with me." He had the grace to be slightly ashamed at being caught in the act in that way. He said, "Tell us what you think is the matter." She said, "If you would put me in a certain position and examine me in that position, you would find one thing wrong with me, but that is only one." I might say this woman used to scream and her husband had to shut the windows because he said, "They will think I am murdering you." But it was her physical condition that caused her to scream in that way. He put her in that position, examined her in that position, and found immediately what she said she had found, which was a sufficiently serious thing in itself. He said to the students, "By jove, this woman is right about this; I wonder if she is right about anything else. Come on, tell us what else you think is wrong with you." She then told him a series of things, which were chiefly the result of our study of the medical books. He said, "By jove, this

woman has diagnosed her own case, send her to the gynaecologist tomorrow." She came to me and wept—she is not the weeping kind of woman at all. She said, "I know he will not listen to me." I said, "Take the letter I wrote for you setting forth your symptoms." She said, "They will not read it." I said, "Never mind, you may find a gentleman sooner or later who will read the letter." The man was a gentleman, and from her letter and what the other doctor said, he found out substantially what was wrong and made arrangements for her to go into hospital for a major operation immediately. I may say she had three operations. They did not think they would be able to save her life, and she came to see me again and said, "I would like to see that surgeon privately before I have my operation." I said, "Make the appointment, or I will, and I will come up with you if it is any help." The surgeon said to her, "Would you mind telling me who was the world-famous gynaecologist who said there was nothing wrong with you?" She said, "I have no particular objection," and she mentioned a very famous name indeed—a dozen of them. He said, "There is nothing right with you; there is not one single abdominal organ that is not diseased; I should think you want to punch some of us in the eye, do you not?" She did not answer, but he showed her great care when he did get her into hospital, and she just scraped through, but meanwhile the husband has died through medical errors. We believe he had serious heart trouble, but they said he would live, and it caused him to go on working and he collapsed suddenly and died, leaving her with three young children and very bad health indeed. I merely cite that case as an illustration of the way that had that woman not had a husband she would have been thrown into a mental institution undoubtedly, and would never have got her physical condition attended to in my opinion.

10256. (*Dr. Rees*): A little while back you talked about the stigma attached to insanity.—There is an extreme stigma, even now, attached to insanity.

10257. Do you regard insanity as just a form of illness?—Certainly.

10258. What should we do to get rid of the stigma?—That is a question which wiser heads than mine or yours have never yet solved, but it depends on the type of insanity. Many cases of insanity get cured purely by kindness and sympathy. Many cases doubtless are borderline. If I have ever been able to do any good work at all in this world—I have not had much opportunity of doing good—it has been that I have certainly, I think, saved a number of persons from becoming insane, and a number of both adults and children from having

very severe nervous breakdowns. I do not say I could do it in every case; in some types of cases I could, but of course I am not a psychiatrist, I do not make any pretensions to having any knowledge of these things. I only know from literature and from observation and conversations I have had with many persons on the subject, both lay and medical.

10259. Apart from this occasion when you spent twelve months in a mental hospital, have there been any attempts to get you in again?—No, but I do know that anyone who has had such an experience as that, unless he has powerful people at the back of him, is always in a state of terror, never out of a state of terror.

10260. Are you in a state of terror now that you might go into a mental hospital again?—Certainly.

10261. Why should they put you in a mental hospital, do you think?—My dear Sir, you evidently do not know very much on the subject from the point of view of persons who become victims.

10262. Why should they want to pick on you and put you in a mental hospital?—I do not know if they do want to pick on me, but I know if I got under the weather in health and if I had no relatives at the back of me I would run a strong risk of being placed in a mental institution, because hospitals do not take cases of prolonged illness; they have not enough beds, not enough nurses. That is how any number of persons get placed in mental institutions, persons who are not suitable for mental institutions.

10263. (*Chairman*): But we are speaking of London now?—It applies to the country as well.

10264. Let us take London. There are a great many people, as you say, who are elderly and reasonably suspect of being mental cases, and they are taken by the local authorities to observation wards.—Yes, but my point is that many of them are not reasonably suspect.

10265. Yes, but it is also true that roughly one in three of the people who are sent like that to observation wards are discharged again before they ever get into a mental institution.—I should very much doubt that from knowledge of many persons and the extreme difficulty of getting a discharge. There was a case which occurred near where I live. Through the grudge of a landlady certain authorities were notified wrongfully that she was insane. An ex-nurse of my acquaintance who lived in the same house by a fluke happened to be there, and was horrified to see an ambulance draw up and see this woman seized and placed in the ambulance. She made protests and she tried to find out where the

woman was being taken, but neither the ambulance man nor the landlady would give any information. Had she not known someone on the local council she would not have been able to find out where that woman was transferred, but she got the information and made the strongest protests that this woman must not be certified on any account because the action was due to a grudge. That would not, in my opinion, have prevented the woman being certified for one moment, but she took an infinitude of trouble and dug out relatives. Eventually she found a niece who offered to be responsible for her with some persuasion and the woman was liberated through the action of the niece, but had the niece not been there or had she not . . .

10266. That is just what I was questioning, because it is a fact that one-third, roughly, of the people who are sent to observation wards in London are discharged and do not go on to mental hospitals.—It may or may not be a fact, but I do know a very great many persons are certified who should not be certified. I might say that the statement which I made to the Medical Superintendent which he rejected *in toto* and also refused to verify, which could very easily have been done, is proved up to the hilt. As soon as I got out of the institution I made it my business to take a friend with me who had worked in the Red Cross, and we made extensive inquiries, and we found that my statements could be verified.

10267. (*Sir Cecil Oaker*): Could I ask one personal question? Was it when you were quite a young woman you were in the mental institution?—No, it was a few years ago. My relative had a large number of staff away and he was up to his neck in work, and I could not place a great many burdens on him. I was obliged, therefore, to go to psychiatrists off my own bat in order to get certificates of sanity immediately on coming out of the institution. To the best of my knowledge I was not discharged as cured, although I was never insane all the time I was there. The sister said to me, "You have had no delusions", but I was obliged to go to psychologists to attempt to get certificates of sanity, otherwise, because my assets were frozen, I would have had to turn up in a Court a long way out of London, and my physical condition would not have allowed it, I could not do the travelling. I was therefore obliged to go to psychologists, and the second one to whom I went put me through very intensive questioning, and he said afterwards, "I am going to grant you your certificate. You do not need to tell me you were wrongly certified, because we know people are". I had not breathed a word about false certification; I did not dare, naturally, but those were his words to me. Even then I did not dare say I had

been falsely certified. The crux of the thing is how those persons who are falsely certified can be protected. If any of you excuse me being personal—happened to be a victim who was retained in a mental institution for twenty-six years and perhaps brutally maltreated you would not worry whether there is a large proportion of persons who are discharged; you would want protection for the persons who are not discharged.

10268. We have asked you what your proposals for that are.—I thought the practical proposals were up to the Commission. There should be a right of appeal, certainly within a very short time of admission to a mental institution. The victim should not be kept, week after week, month after month, year after year, without any right of appeal whatsoever, or any possibility of appeal.

10269. An appeal to whom?—To some judicial authority, presumably. That is the difficulty—an appeal to whom? Who is there who is disinterested in these things?

10270. (*Dr. Rees*): Whom would you trust?—I have already told you that I have not the power to trust anyone, because I have had very deep insight into the extreme state of human nature these days.

10271. You do not trust doctors, do you?—Very few. There is one I trusted implicitly, a consulting physician of my acquaintance, but he was a man who knew himself, and had analysed his own mind, and he was a much better psychiatrist I think than most psychiatrists.

10272. (*Chairman*): When I spoke about the percentage of people who are discharged from observation wards, I was directing my remarks to your statement about the fear in which people lived. You said it was due to the fact that they had seen so many people taken away. My only point was that it does not necessarily mean, even if they have seen a good many people taken away, that those people have been put in a mental institution.—I did not make any such statement, excuse me; it is due to their knowledge, which only leaks through by painful degrees, of cases of false certification. I know barristers who are aware of the facts, I know legal men who are aware of the facts, I know doctors who are aware of the facts, and I know laymen who are aware of the facts.

10273. Are the Royal Commission numbered among the many people you do not trust?—Of course the psychiatrist, because he has phobias and obsessions in his mind, would say a person who trusts no one is infallibly a lunatic, but that is not true.

10274. (*Sir Cecil Oakes*): What you have in mind is this: that the institutions with which we are concerned are not infallible and you would like them to be a little more nearly infallible, that is what it comes to?—I do not mean that at all; I mean something very much more than that. I could excuse error provided it is not due to unspeakable negligence, of which I could give you many examples, both in general hospitals and elsewhere, but deliberate wrong-doing is the thing which has worried my mind all my life, and I have suffered. I suffer tortures every day from the recollection of persons whom I left in that institution who were sane. One was a young girl. I have been able to do exactly nothing for them owing to the pressure of my own business. I am afraid you think I have given you no useful information at all, but if you know the common man as I do you would have a very different opinion. The views of the members of the Commission are academic; the views of the common man are based on bitter experience, and experience not of his own but of other men.

10275. (*Chairman*): Yes, Miss D., but what I gather from the long statement you submitted to the Commission is that you think any official must be very far apart from the common man.—I am not such a fool as to believe that, but I think that officialdom tends to inhumanity very much. It is based on red tape, and it is based on jobs. A well-known doctor whom I was talking to recently said to me, "But I have visited these places". I said, "Maybe, but that would not show you anything. Before your car reaches the place the information goes all round the institution that you are on the way". He said, "But what possible purpose could there be in detaining persons falsely?" I said, "It has been described to me in this way, and I think the description is correct. There are many persons in those institutions who could safely be discharged, especially if there were any jumping-off ground for them where they could stay for a short time after discharge and try to rehabilitate themselves. These institutions the person in question described as largely a form of vicious industry. We know the cases of insanity must be secluded, but I am talking about cases of non-insanity which are locked up for ever more in those institutions. He described it under the analogy of a poultry farm. He said if you dispose of all the poultry you have no farm and you have no jobs. There are some very lucrative jobs at the top, and there are many many minor jobs, and the ramifications of the lunacy laws are extensive. There are ambulance men, local departments, and all manner of departments connected with it, and all these people depend on their jobs, and it is shocking the balance of mind which that can produce

in persons who behave well no doubt in their own family." You seem rather cynical to me about my ideas on officialdom. You may remember Lord Hewart wrote a book called "The New Despotism" . . . .

10276. Yes, Miss D., but perhaps you do not realise I have been an official all my life on and off . . .—I do realise that; I realise it good and hard.

10277. And somehow I do not think I am all that bad, or all that selfish.—I do not say you are, but I say that your ideas would be revolutionised if you had practical experience. Your experience is purely academic; the experience of most of the people here is chiefly academic.

10278. What do you mean by "academic"?—It is not esoteric; it is not real experience of victimisation. I was talking recently with an M.P. who had the experience I might say of victimisation. He asked me to send him any information I could on the subject. I said, "Can you give me any concrete suggestion in regard to these matters being remedied?" He said, "I can give you one." I said, "What is that?" He said, "There is not one person on the Commission, who has ever been victimised and thrown into a mental institution. Their ideas would be revolutionised if there were even two persons on the Commission who had actually been victimised." That man is an M.P. I do wonder whether the members of the Commission have read any of the books written by laymen. I have read many books by doctors on this subject, and they chiefly consist of labels given to different types of insanity, and the only books which are elucidatory in my opinion are those such as Harold Maine's book, Fritz Peters' book, Woodley's book and Ogden's book among others which have been written chiefly since 1948, but they do not appear to be read by those who have the jurisdiction of these things. They would bear out what I myself have said. But, as I have pointed out, these things are unsusceptible to anything but testimony, because of the extreme difficulty of the public in getting confirmation of the facts, short of law cases being brought.

There is just one thing I would like to put. You seemed to me to be somewhat cynical in regard to women being frightened. I have an old acquaintance of mine who had a rather prominent position in the Red Cross and she knows a great deal about all these subjects. I think she was on a Visiting Committee at one time, and she has helped in a number of cases to get women out of institutions, women who were wrongfully placed there. She had a flat, and at that time, having lost my home through bombing I was in a furnished room



and I expressed envy of her having an unfurnished flat. She said, "Do not be too envious, I have seven or eight persons in this house to keep in with, and it is not so easy." It was a big old mansion which had been turned into flats. I said, "They could not really do you any mischief, could they?" "Oh, couldn't they," she said. "What sort of mischief could they do?" I said. She said, "Don't you realise they have only to go to some petty official and say, 'We like Miss So-and-So very much, she is a very nice woman, but she has been going on in a very peculiar way recently.' That is quite sufficient to get me removed to a mental institution." That woman knew what she was speaking about, because she had been closely connected with mental institutions for a good many years, and she is a woman of very good family and good standing. That is only one person who has made similar remarks to me, but as I say, I am in an awkward position. I am not able to verify these facts. I can only give testimony. Through the complexity of life and especially through the desire to obtain jobs, it is impossible to get information of these things, almost impossible.

There are one or two things I do want to say. In my opinion and that of a great many persons known to me, not always people of low degree, the safeguards are very inadequate. My queries are: are they adequate against malicious relatives? Many relatives refuse to have the care of elderly persons, and it is the easiest thing in the world, in my opinion, to get them into mental institutions because the hospitals will not take them, and there are not sufficient homes for them. Are they sufficiently strong to safeguard against people who find you a bit of a nuisance, and in any case have an economic motive for getting you out? An instance of that is the case of landladies who have an economic motive in getting a person out in order to get triple rent for a pre-war flat or room. I know of a number of instances like that. Are they adequate against the certification of the old when it is difficult to find a place for them? The motives, which I culled from observation of many instances and things which have been related to me are reducible to about nine so far as I am aware. Query, what steps should be taken to tighten up defects in the law? The alderman said to me, "First you want a much greater medical check on these things." Now they are supposed to do that in the observation wards. I may say that in the observation ward where I was I was not allowed to communicate with anyone, and my statement was rejected with great violence, as in the mental institution. I was placed in a cell absolutely in solitary confinement. I had no books, I had nothing whatever to read, and I had a ceaseless row all round

me, terrible sexual jargon from cells all round me, and weeping and gnashing of teeth and so on. There was a poor woman in the next cell to mine who was weeping the whole of the time. For three days I endured this terrible weeping, terrible bursts of sobbing all day long. I then said to the nurse, "Nurse, it distresses me very much to hear that poor woman sobbing, do you think you could allow that woman to come in to me? I think I might be able to pacify her in some degree." The nurse hesitated, and she knew I was perfectly quiet and that I was a reasonable person, and she then left my cell, went to the other cell, and said, "Mrs. So-and-So, this lady next door to you has very kindly said that you might come in and talk with her; I think you had better do so." The poor woman was so terrified that she did not dare to do as she was told. The nurse went a second time to the door and said, "Mrs. So-and-So, this lady has very kindly offered to let you come and talk to her, and I think it would be good for you to do so." The poor woman then stumbled into the room and the nurse left her with me. She knelt down on the floor with her arms extended across my bed. I put my arm round her and spoke to her in a nice way, and she wept terribly for about ten minutes, and she then quietened down a little and I was able to speak to her, and she was able to tell me how she came to find herself in the mental observation ward. She was a housewife and she had not been very well. Some doctor had suggested to her husband that she should have a rest in hospital. The husband, knowing nothing of lunacy matters, agreed and she thought she was going into an ordinary hospital for a rest and would leave the Christmas festivities to the servants. To her horror she found she was locked in a cell with an automatic lock. She was naturally very terrified and began to wonder whether her husband had perpetrated this against her purposely. Victims are never told what they are charged with. They do not know whether they are in prison, or what has happened to them, and this causes great agony of mind. I said to her, "Now, look, there is something I want to impress upon you very carefully, and you must listen to me. You must try to control yourself. I know it is perfectly natural that you should cry, but these people here will not feel sorry for you because you cry; you must try very hard to control yourself. You told me that your husband said he would come in a week to see you. If you go on crying like this you will run a serious risk of becoming a case of melancholia, you will even run the risk of becoming insane, and if you go on crying they will say you are a case of melancholia, and they may persuade your husband that you are a case of melancholia, so you promise me you will do your utmost

to control yourself." She promised she would. I have no doubt the woman was given a pernicious drug which would weaken her resistance very much. She managed to keep from crying all night, but in the morning she began to cry again. I said, "Nurse, I was able so quieten that woman yesterday; do you think she might come in to me again today?" The nurse, without hesitation brought her in. I managed to quieten her and she was quiet for the next day and night. The next morning she rushed into the room in a state of great excitement, "My husband is coming to take me home", she said. But in my opinion if that woman had not had access to me, and if I had not been able to show her plainly that she must, for her own sake, at least temporarily, control herself, she would either have gone insane or she would certainly have been said to be a certifiable case. That was a thing which took place in an observation ward. I did not tell her my position, I could not, she was in too much of a state, but I ditched all my own troubles, which were powerful, in order to try to help that woman. If I had been in any violent state, which I have myself no doubt was represented, I could not possibly have performed that service for this woman, and the nurse would certainly not have allowed the woman to come in to see me.

10279. Yes, Miss D. I really think we shall have to break off now.—Yes. I feel I have done very badly. I have masses of information on this, but I have been so pressed with other matters that I have not been able to get it into proper form.

10280. I think we understand pretty clearly how your mind is moving, the kind of safeguards you want. —I do not want you to understand how my mind is moving; I want you to understand how the mind of every person liable to this victimisation is moving. You can read the account of an M.P.'s experience, he has published it in a book, but you see these things are not read, unfortunately; I am afraid they are not, at any rate.

10281. I think we must close the session now, Miss D.—Right of appeal is my chief point, and it should be quick, because of the danger of a person wrongfully convicted of insanity even losing his reason through being mixed with cases of derangement.

10282. I do not think you need fear that we shall not have in our minds the question of the right of appeal; it has been put to us by a number of witnesses.—Yes, I know.

(Chairman): Thank you very much, Miss D.—Thank you, all of you.

*(The witness withdrew.)*

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